

**HEALTHY FAMILIES PROGRAM
and
MEDI-CAL FOR CHILDREN**

**ANNUAL OUTREACH PLAN
FOR FISCAL YEAR 1999-2000
and
EVALUATION
OF FISCAL YEAR 1998-1999**

**REPORT TO THE LEGISLATURE
In Compliance with Welfare and Institutions Code Section 14067 (b)**

April 1999

STATE OF CALIFORNIA
Department of Health Services

Healthy Families Program and Medi-Cal for Children

Annual Outreach Plan for Fiscal Year 1999 - 2000 and Evaluation of Fiscal Year 1998 - 1999

-HIGHLIGHT REPORT-

This report is mandated by Section 14067 of the Welfare and Institutions Code. Under the provisions of this law, the Department of Health Services (DHS), in conjunction with the Managed Risk Medical Insurance Board (MRMIB), is required to submit an annual outreach plan to the Legislature describing: 1) the specific milestones and objectives to be completed for the upcoming year, 2) geographic areas and special populations to be targeted, if any, and why special targeting is needed, 3) coordination with other state or county education and outreach efforts, and 4) results of the previous year's outreach efforts.

Principal Findings and Recommendations

- As of March 18, 1999, over 86,000 children were enrolled in the Healthy Families program. During the first year of operations, HFP enrollments should reach the goal of enrolling one-third of the number of children eligible. As of February 1999, there were at least 40,000 more children enrolled in Medi-Cal's federal poverty level programs for children than originally shown in the Medi-Cal base estimate in May 1998.
- Over \$1 million in application assistance fees to enrolled entities (EEs) have been issued as of March 1999. While this fee may not be a sufficient means to fund local outreach alone, 46 percent of surveyed community-based organizations (CBOs) preferred the fee to contracts (42 percent preferred contracts).
- The advertising campaign has generated significantly more program interest than anticipated with, as of the end of February 1999, over 240,000 phone calls generated to the campaign's toll-free line for information and referral to CBOs, and over 193,000 applications and handbooks mailed.
- The Governor's Budget proposes continuation of the \$21 million for joint HFP/MCC education and outreach in FY 1999-2000.
- Six million dollars are proposed to be allocated for performance-based, targeted contracts with CBOs to build community infrastructures and increase enrollments. These funds will permit local CBOs to develop their own local advertising, outreach strategies, and community networks.
- Collateral marketing materials and state field support to CBOs through a subcontractor will be reduced to fund the \$6 million contracts to CBOs.

Future statewide advertising and collateral marketing materials will be developed with greater input from advisory groups.

- The \$50 application assistance fee will be maintained in FY 1999-2000.
- Three major barriers exist for enrolling children in HFP/MCC. Resolution of the first is forthcoming with a new, four-page application. Resolution of the second rests with the federal government that must rule that the legal receipt of health benefits is not considered when determining if someone is a public charge. The last barrier, awareness and perception of the programs, is addressed through the statewide and community-based outreach campaigns.

Potential Areas of Controversy

- Some CBOs may want the ability to receive both state contracts and assistance fees to conduct their outreach activities. Some CBOs also may have the need for advance payment or seed money, which the contracts will not cover due to federal limitations. As with any award process, there will be some CBOs or counties that will not receive a contract and will object.

Fiscal Impact of Report Recommendations

The recommended changes are within the \$21 million requested in the Governor's budget.

TABLE OF CONTENTS

TITLE	PAGE NO.
EXECUTIVE SUMMARY	1
INTRODUCTION	5
Statutory Reporting Requirement	6
Contractors and Subcontractors	7
BUDGET	8
1999/2000 OUTREACH PLAN	9
OUTREACH SUPPORT COMPONENT	9
Application Assistance Fees	9
Payment Processing - Fees	10
Collateral Distribution and Postage	
Training/Presentations	10
Applicant Assistant/800 Line	11
Community-Based Organization Support	11
Advertised Toll-Free Line (1-888-747-1222)	11
Healthy Families Handbook Printing	12
Distribution of Application and Handbook	12
Unallocated Contingency	13
Payments to CBOs	13
Administration of Contracts	14
School Outreach	14
EDUCATION COMPONENT:	16
Advertising	16
Public Relations	18
Collateral Marketing Materials	19
Administration/Research/Travel	19
ENROLLMENT CHALLENGES	19
Immigration Issues	19

TABLE OF CONTENTS

TITLE	PAGE NO.
The Perceived Stigma of Medi-Cal as a Welfare Program	22
The Application	22
Face-to-Face Interviews	23
Lack of Awareness of HFP/MCC	24
EVALUATION OF THE 1998-1999 OUTREACH AND EDUCATION CAMPAIGN	25
Background	26
Statutory Authority	26
Role of DHS, MRMIB and Healthy Families Advisory Groups	27
Number of Uninsured Children	29
Healthy Families Enrollment Projections	30
1998-1999 OUTREACH CAMPAIGN	32
Role of the Enrolled Entities (EES)	32
Application Assistance Fees	33
Outreach Activities through Richard Heath and Associates	34
Enrolled Entity (EE) Survey	36
Toll-Free Information Service (1-888-747-1222)	38
Referrals to EES for Client Follow-up to Enhance Enrollments Follow-Up Activities by EEs and Results	40
Enhancements	41
Effectiveness	42
Toll-Free Access MRMIB (1-800-880-5305)	43
Contracting with Community-Based Organizations (CBOs)	45
1931 (b) Outreach Effort	47
School Outreach	47
FEDERAL OUTREACH EFFORTS	51

TABLE OF CONTENTS

TITLE	PAGE NO.
OUTREACH EFFORTS BY THE NATIONAL GOVERNOR'S ASSOCIATION (NGA)	52
1998-1999 EDUCATION CAMPAIGN	53
Overview	53
Advertising and Media	53
Outdoor Billboards and Print Ads	55
Research Consultants	56
Change in Target Audience for Media Buys	57
Community Advertising Requests	57
Public Relations	57
Mass Mailing to Influentials	58
Collateral Marketing Materials	58
EXHIBITS	59
1. Program Elements	E-1
2. HF and MCC Education and Outreach Contractual Relationships	E-3
3. INS Fact Sheets	E-4
4.1 Number of Uninsured Children in California	E-13
4.2 HFP Enrollment Data	E-14
5. FY 1998-99 Training and Technical Assistance	E-25
6. FY 1998-99 Application Assistance Fees	E-28
7.1 Callback Progress Report	E-36
7.2 Customer Follow-Up Report	E-37
8. Caller Referral Source Executive Summary	E-38
9. FY 1998-99 HFP/MCC Mini Contracts Awarded to CBOs	E-39
10. Medi-Cal (1931(b)) Outreach Applications --Summary Information by Local Jurisdiction	E-47

TABLE OF CONTENTS

TITLE	PAGE NO.
11. FY 1998-99 Community and School Outreach	E-59
• RHA Community Outreach	
• RHA School Outreach Approach for FY 1998-99	
Local School Outreach: Sacramento	
• Successful Community-Based Organizations	
• School Outreach Chart	
12. FY 1998-99 Advertising	E-67
13. HFP Radio, TV, and Newspaper Interviews By MRMIB Staff	E-73
14. FY 1998-99 Public Relations Activities	E-76
15. FY 1998-99 Spokesperson Activities	E-81
16.1 FY 1998-99 Sponsorship Activities	E-83
16.2 Sponsors and Types of Activities	E-88
16.3 Impressions Resulting from Sponsorship	E-89
17. FY 1998-99 Collateral Marketing Materials and Samples	E-90
18. Healthy Families Program/Medi-Cal for Children Key Milestones 1997-99	E-98
19. Website Information	E-102
20. Glossary	E-104

EXECUTIVE SUMMARY

The Healthy Families Program (HFP) and Medi-Cal for Children (MCC) outreach and education campaign has gained momentum in enrolling uninsured children into the HFP during the first year of the campaign. Significant resources were spent in generating widespread public awareness, in stimulating interest in the new programs, and in creating a cadre of people in the community who could assist families in enrolling.

One measure of the campaign's success in reaching the targeted population is indicated by the 240,000 phone calls to the campaign's toll-free line for information and referral service, and the 193,000 applications and handbooks mailed out through the end of February 1999. As of March 18, 1999, there were over 86,000 children (over 48 percent identified as Latino children) enrolled in HFP. HFP enrollments should reach the program's goal of enrolling one-third of the estimated number of eligible children in the first year of operation.

As of February 1999, at least 40,000 more children enrolled in Medi-Cal's federal poverty level programs for children than originally shown in the Medi-Cal base estimate in May 1998. HFP enrollments since October 1998 have ranged between 9,000 and 13,000 per month. With the newly revised, shortened HFP/MCC joint application, a barrier to enrollment will be reduced. However, work still needs to be done to de-stigmatize the perception of Medi-Cal and to clarify federal policies on public charge for immigrants.

Recent statistics in a study conducted by the University of California at Los Angeles (UCLA) Center for Health Policy show there are 328,000 uninsured children potentially eligible for HFP and 788,000 children potentially eligible for no-cost Medi-Cal. Both groups are predominantly Latino children (75 percent HFP and 60 percent MCC). California's large, diverse multilingual and multicultural population made it necessary for the State to develop an integrated and creative education and outreach approach that strategically joins the powerful forces of mass media education with local grass roots outreach.

While the current outreach campaign has generally been successful, the State is proposing to introduce changes to the outreach approach to address the challenge of enrolling up to 1.1 million uninsured children in California. Accomplishing this goal will not be easy.

Enrolling California's uninsured children will take the leadership and effort of everyone: the Administration; state legislative and other constitutional officials; the federal government; counties; cities; community and religious leaders; school superintendents, principals, teachers and school boards; business leaders; labor unions; health care providers, and most importantly, the parents of the uninsured children.

A critical element to success in this outreach effort is the utilization of community-based

organizations (CBOs) that currently serve the programs' target populations. The outreach plan must not only take advantage of this existing relationship, but it must also provide these CBOs with the resources to be effective and to create long lasting support systems. The term CBO is used very broadly in this report and includes local government agencies, providers, schools and school districts, and other organizations in the community that interact with families with children.

The Governor's budget proposes continuing the \$21 million on HFP/MCC education and outreach. The Fiscal Year (FY) 1999-2000 education and outreach plan for HFP/MCC proposes the following:

- Increase contracts with CBOs to a total of \$6 million; \$128,000 is budgeted for the administration of these contracts.
- Conduct a reduced \$4.9 million advertising program that focuses on television and radio and includes a small budget for print media.
- Continue the 1-888-747-1222 toll-free outreach line staffed with operators fluent in ten languages to support families in becoming familiar with both programs. Staffing will be reduced to reflect the effects of the reduced advertising budget and that assistance in completing applications will be provided by the HFP administrative vendor. \$2 million is budgeted for this purpose.
- Support CBOs by providing training and technical assistance; collateral marketing material and forms; camera-ready print advertising; public service announcements (PSAs) that can be localized with a CBO's tag line; and an 800 telephone line for certified application assistant (CAA) questions about the application process. \$400,000 is budgeted for training and presentations; \$1,164,000 is budgeted for CBO support; and \$450,000 is budgeted for the toll-free telephone assistance to CAAs.
- Continue the \$50 application assistance fee for CBOs to provide information to families about the program and help them apply. \$1 million is budgeted for application assistance fees; \$250,000 is budgeted for processing the reimbursement requests from enrolled entities.
- Continue printing the Healthy Families Handbook so that families are provided information on health plans and the Healthy Families program. \$920,000 is budgeted for this purpose.

- Continue distributing Healthy Families handbooks and applications to increase enrollments. \$850,000 is budgeted for this purpose.
- Continue public relations activities at a reduced level; increase focus on maintaining current corporate sponsors and on increasing the number of new corporate sponsors; and obtain celebrity spokespersons for the program. \$800,000 has been budgeted for this purpose.
- Continue to develop and produce collateral marketing materials for use by enrolled entities, certified application assistants, public and private sponsors to generate awareness of the programs and to increase enrollments. Funding is increased to \$650,000 for this purpose. \$833,000 is budgeted for collateral distribution and postage.
- Continue to fund costs for the administration of the contracts, costs for business-related travel for contract staff, and costs to conduct research on the effectiveness of the campaign's outreach and education activities. \$300,000 is budgeted for this purpose.
- An unallocated contingency fund of \$350,000 is budgeted for unanticipated expenses in FY 1999-2000.

These changes are a redirection in the outreach approach reflecting the campaign's changing emphasis from public awareness and education of CBOs to the sustained support of CBOs and other community partners. A number of other efforts, outside of this outreach effort, need to be considered in addressing mechanisms necessary to the provision of health care coverage to uninsured children. One such outreach effort is the Department of Health Services (DHS) awards of \$17.9 million in federal funds to counties for Medi-Cal 1931(b) outreach. This outreach targets families who are either leaving CalWORKS or who are eligible for Medi-Cal, but not enrolled. These contracts are collaborative efforts that support the community outreach infrastructure. The Administration is evaluating additional changes to both the HFP/MCC.

Working with the Secretary of Health and Human Services Agency, DHS is reviewing short- and long-term strategies to reduce the stigma associated with Medi-Cal. Those strategies being reviewed include:

- Moving some Medi-Cal eligibility determinations out of the county social services office and into the community by increasing outstationing of eligibility workers who would be available in schools, day care centers, and other non-traditional sites, such as store-front locations.

- Co-locating county eligibility workers with the HFP administrative vendor, so that mail-in applications are processed at a central location. This process would speed up application approval and eliminate the need for a face-to-face interview which is now routinely required.
- Expanded use of a Medi-Cal mail-in application and the elimination of the face-to-face interview as part of the application process.
- Redefining Medi-Cal as a health insurance program that includes coverage of working families and eliminating the perception of Medi-Cal as a welfare program. This redefinition process could include promotional collateral marketing material, a revised or new identification card, and eventually a change in the name of the program.
- Ultimately, state-run health insurance programs, such as HFP/MCC, should be restructured into a seamless eligibility process where a family who applies for a program is not overwhelmed by the complex eligibility requirements created by federal Medicaid and State Children's Health Insurance Program (SCHIP) laws.

INTRODUCTION

With the enactment by the federal government of the State Children's Health Insurance Program (SCHIP) under Title XXI and the expansions in Medicaid for children under Title XIX, California implemented the Healthy Families Program (HFP) and Medi-Cal for Children (MCC). These programs provide health, dental and vision care for children. The HFP serves children who have incomes at or below 200 percent of the federal poverty level who are not eligible for no-cost Medi-Cal. If a child is eligible for no-cost Medi-Cal, the child cannot be enrolled in HFP.

To further reduce the number of uninsured children in California, the Medi-Cal program implemented two federal options effective March 1998: 1) children ages 14 to 19 years old whose family income does not exceed 100 percent of the federal poverty level can qualify for no-cost Medi-Cal, and 2) the asset test was eliminated for children in the Medi-Cal federal poverty level programs. Beginning December 1998, Medi-Cal began providing a one month "bridge" of no-cost Medi-Cal benefits to children who lose their no-cost Medi-Cal coverage due to an increase in family income and the child appears to be eligible for HFP. The one-month "bridge" of no-cost Medi-Cal benefits provides transitional coverage for children as they move from no-cost MCC to low-cost HFP.

Exhibit 1, entitled "Program Elements" provides a side-by-side comparison of HFP and MCC.

STATUTORY REPORTING REQUIREMENT

Section 14067 of the Welfare and Institutions Code requires the California Department of Health Services (DHS), in conjunction with the Managed Risk Medical Insurance Board (MRMIB), to develop and conduct a community outreach and education campaign to help families learn about, and apply for, the Healthy Families and Medi-Cal for Children programs. The statute mandated that the outreach and education campaign be established and implemented as of February 18, 1998.

In conducting the campaign, DHS in conjunction with MRMIB, sought input from, and contracted with, various entities and programs that serve children, including, but not limited to, the California Department of Education, counties, the Women, Infants, and Children program agencies, Head Start and Healthy Start programs, and community-based organizations (CBOs) that deal with potentially eligible families and children to assist in the outreach, education, and application completion process.

Section 14067 requires that an annual outreach plan be submitted to the Legislature by April 1 of each fiscal year. The plan must address both the Healthy Families Program and Medi-Cal for Children, and must include at a minimum:

- 1) Specific milestones and objectives to be completed for the upcoming year and their anticipated cost.
- 2) A general description of each strategy or method to be used for outreach.
- 3) Geographic areas and special populations to be targeted, if any, and why the special targeting is needed.
- 4) Coordination with other state or county education and outreach efforts.
- 5) The results of previous year outreach efforts.

CONTRACTORS AND SUBCONTRACTORS

In conducting the campaign, DHS has contracted with the following:

Runyon Saltzman and Einhorn (RS&E), the prime contractor, has responsibility for overall contract administration, oversight of the subcontractor team, advertising development and production, and media buying and placement.

Hill and Knowlton (H & K), as a subcontractor, manages a variety of campaign activities including public relations, local events, media relations, collateral marketing materials development and production, toll-free information service, research, evaluation, spokespersons and corporate sponsorships.

Richard Heath and Associates (RHA), as a subcontractor, is responsible for CBO outreach assistance, certified application assistance (CAA) training, enrolled entity (EE) and CAA database maintenance, and distribution of campaign materials.

Electronic Data Systems (EDS), as a subcontractor to H & K, conducts the campaign's toll-free information line activities, and also is a subcontractor to RS&E to issue reimbursements to EEs for successful HFP/MCC enrollments. (These subcontracted activities are independent of EDS' roles in serving as the HFP administrator and as DHS' fiscal intermediary.)

RS&E also subcontracts with a team of cultural and linguistic communications specialists to develop campaign advertising and collateral marketing materials. These include: the Bravo Group to develop, produce and place Spanish language advertising messages; DAE Advertising to develop, produce and place Asian language campaign messages; consultant DISCRETION, to ensure that culturally competent messages target the African-American community; and a Native American consultant, Edith Tybo, to ensure that culturally competent messages target Native Americans.

Exhibit 2, entitled "Healthy Families and Medi-Cal for Children Education and Outreach Contractual Relationships" illustrates these relationships.

**Healthy Families
And Medi-Cal for Children
Education and Outreach Budget**

Payments to CBOs

CBO Contracts	\$ 1,000,000	\$ 6,000,000
Administration of Contracts		164,000
Application Assistant Fees	2,100,000	1,000,000
Payment Processing – Fees	460,000	250,000

Outreach Support

Collateral Material & Distribution	927,300	697,000
Training/Presentations	1,937,300	400,000
Applicant Assistant 800 Line	450,000	450,000
CBO Support Staff/Reporting	2,736,100	1,164,000
Advertised Toll-Free 888 Line	2,450,000	2,005,000
Total	8,500,700	4,716,000

Education

Advertising	5,700,000	5,900,000
Public Relations	1,148,700	800,000
Administration/Research/Travel	320,000	300,000
Total	7,169,300	7,000,000

Healthy Families Handbook (Printing) (MRMIB)	920,000	920,000
---	---------	---------

Distribution of Application And Handbook	850,000	850,000
---	---------	---------

Unallocated Contingency		100,000
--------------------------------	--	---------

Grand Total:	\$ 21,000,000	\$ 21,000,000
---------------------	----------------------	----------------------

1999/2000 OUTREACH PLAN

OUTREACH SUPPORT COMPONENT

The objective of the outreach support component of the HFP/MCC campaign in Fiscal Year (FY) 1999-2000 will be to expand the network of community-based organizations that outreach to families of potential applicants. To facilitate the CBOs' individual needs and strategies, CBOs will be able to apply for contract funds or receive application assistance fees. The State will continue to support CBOs with toll-free telephone lines for application assistance, publishing information newsletters about program or policy, providing appropriate training/presentations, and distributing applications and collateral materials.

Application Assistance Fees

Plan: The application assistance fee of \$50 will be continued in order to sustain the efforts of the current enrolled entity (EE) network. The EE survey findings (see the evaluation of FY 1998-1999 for a detailed discussion of the survey) and direct input from the Healthy Families/Medi-Cal Outreach and Education Campaign Committee document the need to continue this source of funding. The application assistance fee allows CBOs to have an option on how to fund their activities in outreach and assistance based on their individual organizational needs. The option will be reevaluated in the spring of 2000 to determine if the increased CBO contracts reduced the needs of CBOs for the \$50 fee option.

Due to federal restrictions on avoiding use of federal matching funds to pay twice for the same work, there is no easy way to allow a CBO that obtains a contract to also continue to be paid the \$50 fee. Therefore, organizations obtaining contracts will not be able to also bill for the \$50. In awarding these contracts, consideration will be given to how much money a CBO has been paid in 1998/99 to avoid having the result of a contractor receiving a contract which will not sustain their ongoing efforts. CBOs that received large amounts of \$50 payments in 1998/1999 will be encouraged to contract in order to reduce both their and DHS' administrative costs.

The question has arisen from several sources as to the need for keeping this payment at \$50 when the application is being shortened and simplified. DHS has conducted a limited survey of EEs specifically on the cost of doing outreach and application assistance, and the EE evaluation survey specially addressed this question. The work of the EE goes far beyond helping the family complete the application, which in and of itself can take several visits with the family. It also includes outreach to the family, explaining the programs to the family, assisting the family in checking on application status and fixing any application errors that may have occurred, and assisting them with any problems that occur or questions that may come up after the children are enrolled.

While the application is significantly shorter, the biggest change was the removal of the forms that tell the family which program their children qualify for. The application focus groups indicate that families want to know this information, and the focus group testers have recommended that families be made aware that an EE can assist them in this process. So while the application is easier for the family, the EE will still have the same role with the income calculations being done in the background on separate work sheets.

Given the large CBO interest in continuing with the \$50 fee rather than having a contract (47 percent of those surveyed), and the growth in participation due to raising the fee to \$50, it is possible that payments may exceed the proposed budget. It is anticipated that if this occurs, mid-year adjustments can be made due to savings that may be achieved in the cost of operating the 1-888-747-1222 toll-free line.

\$1 million is budgeted for application assistance fees in FY 1999-2000.

Payment Processing - Fees

Plan: The payment process for the \$50 will be streamlined in 1999/2000 with the new application. The new application contains all of the information needed to bill for the \$50, which will allow for the elimination of the current billing form used by EEs. Data from a family's application will be electronically matched against both the HFP and Medi-Cal eligibility files and, once a child is enrolled, payment will be made. This should improve payment processing and reduce processing costs in the long term, CBOs assisting Medi-Cal-eligible children will continue to experience a lengthy payment process due to the determination period allowed at the county departments of social services. This line item is being reduced to \$250,000 for FY 1999-2000.

Collateral Distribution and Postage

Plan: In order to be responsive to higher than anticipated requests for collateral marketing materials by the CAAs, EES, CBOs, and sponsors it is necessary to increase the budget line item for collateral distribution and postage to \$833,000 in FY 1999-2000. The distribution of the collateral marketing materials is done by Mail-Pac.

Training/Presentations

Plan: In order to redirect funds to contracts with CBOs, it is necessary to reduce this budget line item to \$400,000 in FY 1999-2000. Richard Heath and Associates' (RHA) primary responsibilities for FY 1999-2000 will be to provide presentations on the new combined HFP/MCC application. Training will be for Spanish-language certified application assistants (CAAs) and for CBOs that will provide application assistance to an under enrolled ethnic group. They will also provide CAA training on an as-needed basis.

Applicant Assistant/800 Line

RHA provides technical application assistance in English and Spanish through their toll-free HELP line, which is operational Monday through Friday, from 7:45 a.m. to 6 p.m. The CAAs who need income, eligibility and family composition clarification can speak with an operator while completing an application for a family. Operators also assist organizations seeking to link with active EEs in their service areas, accept requests for program materials or second-level training, facilitate database information changes, and refer callers to the appropriate contract provider for questions on advertising, public relations, and reimbursements.

Plan: \$450,000 is budgeted for this purpose in FY 1999-2000.

Community-Based Organization Support

Plan: RHA will provide support to the network of CBOs by processing collateral material orders, sending out informational newsletters, referring to CBOs those callers who request assistance in completing the application when they call the toll-free information line, and linking CAAs to events where application assistance has been requested. \$1,164,000 is budgeted for community-based support in FY 1999-2000.

Because of the school outreach efforts underway in Los Angeles, a RHA staff person will continue to work with Los Angeles County Unified School District in the planning and implementation of outreach and education activities for this target population.

Advertised Toll-Free Line (1-888-747-1222)

The statewide toll-free information service is a key component to all aspects of the campaign and funding will continue for this activity to meet the demands of advertising, public relations activities, sponsorships, and collateral materials. Operators are available from 8 a.m. to 8 p.m., Monday through Friday.

Plan: Calls to the toll-free line will continue to be evaluated to determine the level and languages of operator assistance to support campaign enrollment objectives. Korean language support will be added to the toll-free line in April 1999 to provide assistance to Korean applicants. The Lao language support will be removed from the phone system in April 1999 due to the lack of calls in this language. The application and collateral marketing materials will continue to be available in the Lao language. DHS and MRMIB will assess the need to reinstate this language should future need arise. \$2 million is budgeted for support of the toll-free line in FY 1999-2000.

The toll-free line currently includes an activity whereby callers are asked if they want community assistance with their application and, if so, their name is referred to a CAA.

This activity is important as the application focus groups showed that most families want help in either filling out the application or checking to see if they had completed it correctly. However, the focus groups did not know that they could obtain help from within their community. The referral process to CAAs will continue in 1999/2000, but will be revised to reflect the shift to greater CBO contracting.

The number of calls being handled by the toll-free line may be significantly less in FY 1999-2000 due to implementation of the HFP/MCC Single Point of Entry and the reduction in media-based advertising. Any savings that may occur will be budgeted to other HFP/MCC outreach activities during FY 1999-2000. The 1-888-747-1222 number will continue to appear on all marketing materials and media as a call-to-action for families to obtain information about HFP/MCC and may be used by CBOs in local advertising efforts.

Healthy Families Handbook (Printing)

Plan: For the HFP, MRMIB was allocated \$920,000 for the costs of printing the Handbook, which includes a description of the plans families may enroll in, what services are available, what plans are available in each county, and information about the premium payment. With the new application, a revised Handbook will be necessary and additional copies of the Handbook will need to be printed. These funds are allocated to MRMIB through an Interagency Agreement.

Distribution of Application and Handbook

Based on the UCLA Center estimate of approximately 1.1 million uninsured children in California, the application forms and related mailing costs to ship them to various sites such as public schools, state, county and local agencies/programs, EEs in the 11 threshold languages. It is anticipated that with the shortened application form and increased public awareness of the HFP/MCC programs, demand will be high for these forms. Distribution will be through a subcontract with Mail Pac. Postage costs include prepaid, pre-addressed return envelopes to the HFP administrative vendor.

Plan: \$850,000 is budgeted for this activity in FY 1999-2000. The distribution costs for the Application and Handbook to CAAs and EEs are not paid through the RS&E contract. Funding for those costs are part of the \$21 million appropriation and is set aside for this payment.

Unallocated Contingency

Plan: Because of anticipated legislative changes in the HFP/MCC, a contingency amount of \$350,000 has been set aside for the education or outreach impacts of those changes.

Payments to CBOs

During FY 1998-99, emphasis was placed on the training of CBOs on the mail-in application, and providing CBOs with support for their outreach and enrollment activities through the State's subcontractor, RHA. The previously mentioned \$50 application assistance fee for each approved application was paid to CBOs as an incentive to further their outreach and application assistance activities.

After the first phase and in consultation with stakeholders, the additional component of contracting directly with CBOs was added to provide \$1 million for direct outreach and enrollment activities for the HFP/MCC. A Request For Application (RFA) was issued on January 14, 1999. The activities associated with this RFA must be completed by June 30, 1999.

Plan: Increased CBO involvement is vital not only to the outreach effort of HFP/MCC, but for reaching the uninsured families who may be eligible for other health insurance programs provided by the state or private health plans. Funds provided through expanded contracts will allow CBOs to be more involved in enrolling children into HFP/MCC, and also sustaining CBOs for purposes of continuing the State's efforts to develop the statewide infrastructure needed to ensure the State's goal of an inclusive outreach effort.

These contracts will support the development of community infrastructure support systems that will not only enable CBOs to enroll children in HFP/MCC, but will have the long-term effect of enabling these organizations to continue to support their communities as a whole. While state and federal money can only be spent on outreach for these two programs, these contracts will have the collateral benefit of allowing the organization to support its community in other ways.

Development of a new RFA for FY 1999-2000 will begin in April 1999, so that CBO contractor efforts can begin on July 1, 1999. The level of funding will expand from \$1 million to \$6 million. The funding will be available to CBOs, coalitions of CBOs, and counties. Maximum contract awards will be increased based on the organization type.

Future contracts will be structured to be performance-based with measurable outcomes such as successful enrollments. The criteria for the RFA, level of contract dollars, identification of target populations, and the range of activities to be considered will be discussed with established advisory committees and other stakeholders during the preparation of the RFA document.

Contract award criteria will include how well the proposal targets areas with underserved health care needs, targets populations who are underenrolled in HFP/MCC, represents collaborative efforts, and has experience with the targeted population. The review will include consideration of factors such as the participation of applicants as EEs, the number of \$50 payments made to the EE, and demonstrated ability to establish the infrastructures

needed to ensure the State's goal of an inclusive outreach effort. These factors will enable those organizations which are presently committed and successful in enrolling children to continue their outreach activities under these contracts. While contracts will heavily target urban areas with large populations of uninsured children, contracts will also be awarded for outreach in rural areas and to migrant workers.

Administration of Contracts

Plan: For FY 1999-2000, \$6 million will be allocated for community-based outreach activities and infrastructure building. Because the objective of these contracts is outreach, and may involve a significant amount of new media development, RS&E will be allocated \$128,000 for staff to administer the contracts. This will include provision of technical assistance to the contractors regarding the media and initial monitoring to ensure that progress reports are submitted with invoices and that the amount invoiced is supported by the progress reports. Invoices and progress reports will then be forwarded to DHS for payment.

School Outreach

Plan: DHS' Comprehensive School Health Program will continue to concurrently implement and refine its *School Outreach Plan* through input from leadership of the organizations, agencies and associations identified in the *Plan** including, but not limited to, the following:

- California State Board of Education
- California County Superintendents Educational Services Association
- California School Board Association
- California Conference of Local Health Officers
- California School Nurses Organization
- Parent Teachers Association

* Please refer to the evaluation of the FY 1998-99 HFP/MCC campaign of this report under "School Outreach" for a discussion of the *Plan*.

Site visits will be conducted with these organizations to determine if the strategies, messages and call-to-action are appropriate. Refinements in the plan will be made as a result of these meetings, including considerations related to cost-effective approaches. The *Plan* may be altered to take advantage of key opportunities, and to be responsive to volunteer requests and emerging leadership in specific groups. Thus, priorities and timelines may be altered and additional key contacts/organizations may be added.

Planned outreach goals include:

- Additional mailings to at least 15,000 opinion leaders.
- Placement of articles in organizational newsletters.
- Connections that will be established between appropriate websites.
- Informational exhibits at professional conferences.
- Distribution of collateral marketing materials to approximately 9,000 agencies.

In addition, DHS' Comprehensive School Health Program plans the following outreach activities:

- Serve as a resource for state-level partners on HFP/MCC outreach and enrollment efforts that are targeted to schools.
- Assist with the coordination for school outreach efforts of HFP/MCC through the State's campaign contractor and subcontractors.
- Emphasize coordination and awareness of key health care access outreach activities that impact or target schools.
- Develop and produce a newsletter to be published three times annually that targets schools and agencies that work with schools (projected implementation date is fall 1999); the newsletter will serve as an avenue to communicate school-related strategies and ideas obtained from other successful programs.
- Coordinate with other Packard Foundation grantees on related HFP/MCC for program enhancement purposes (e.g., the San Bernardino County Superintendent of Schools and Consumers Union).

These activities are primarily funded outside of this budget. The CBO Support budget line for HFP/MCC outreach includes one contract staff person to work with the Los Angeles Unified School District on school outreach activities.

EDUCATION COMPONENT

The objective of the education component of the HFP/MCC campaign for FY 1999-2000 will be to continue aggressive steps to increase public awareness of the availability of HFP/MCC and the benefits of enrolling in the program; to educate families about the importance of preventive health care insurance coverage; to generate calls to the toll-free information line to seek free information about HFP/MCC and to request an application; and to develop and broadcast messages to encourage current HFP/MCC enrollees to seek free application assistance. A description of each education strategy planned to be completed in the upcoming year is provided below:

Advertising

Call volume indicates that statewide media advertising (English- and Spanish-language television and radio ads) is a very effective tool in providing general awareness of HFP/MCC and elicits a strong call-to-action from the target population. Combined with local community outreach, media advertising enhances the reach to the diverse HFP/MCC target populations.

A recent study sponsored by the Robert Wood Johnson Foundation confirms the effectiveness of media advertising. According to the study, Americans receive most of their information about children's health care from television (50 percent), newspaper (30 percent), radio (six percent) and magazines (six percent). In addition, a recent Gallup Survey of insurance plan executives finds that 80 percent of those surveyed use television and print advertising. Of the 80 percent, 46 percent say that television works best, while 36 percent say print advertising works best.

The value and cost benefit of media to outreach to the target populations is further shown by the joint efforts of the National Governors' Association (NGA), the White House, and Health Care Financing Administration (HCFA) in the INSURE KIDS NOW national campaign. This federal campaign relies totally on media and public relations. The success of television advertising is reflected in California's experience with the advertised toll-free telephone line (1-888-747-1222). During periods of television advertising, daily call volume often increases from an average of 1,200 calls per day to more than 2,000 calls per day.

Additional families become eligible for HFP/MCC every day. Media is an effective tool in reaching this population. Television and radio scripts can be readily changed, at a modest cost, to accommodate new information about HFP/MCC, such as the new, shortened application.

The level and type of advertising can be geared towards local efforts supported by statewide exposure or may be targeted to specific communities. For example, advertising can be targeted to various communities (such as Latino or African- American) and can be broadcast during specific times, i.e., September (back to school time), or it can be broadcast continually at the same level throughout the year. The latter option is not necessarily the most cost-effective method of advertising, and current funding does not allow for the continual broadcast of media. Outdoor and print advertising, when funding allows, are effective methods of reaching targeted, non-English and non-Spanish-speaking populations at a relative low cost. However, these methods are secondary to the more effective television and radio advertising.

The State is hopeful that in FY 1999-2000, immigration issues related to public charge has

been resolved at the federal level. There will, however, still be significant confusion and fear among immigrant groups that enrolling in either HFP or MCC will place their immigration status at risk. Advertising will need to address getting the word out to immigrant groups that these issues are resolved. This advertising will have to be targeted and will need to utilize community leaders and celebrities who are trusted in the community. Consideration will also be given to using any available information that comes directly from the Immigration and Naturalization Service.

Plan: FY 1998-99 advertising expenditures are being reduced to \$4.9 million so that funds can be redirected to CBOs for local outreach contracts. The advertising budget will continue to support statewide English and Spanish-language television and radio advertising to maintain overall campaign exposure. Limited print advertising will continue to target populations that are not reached by other media or the local community outreach. Outdoor advertising (i.e., billboards) will be eliminated.

For FY 1999-2000, statewide media purchases will be heavily targeted to the ethnic groups who are under-enrolled in HFP/MCC. These purchases would be focused on Latino and African-American target audiences. Assuming successful resolution of the public charge issue with the INS, advertising money will be reserved to educate immigrant populations about the resolution and how it impacts them. This campaign would utilize celebrities and community leaders who are well-respected and trusted in immigrant communities.

Public Relations

Public relations is an important function of the overall education and outreach campaign strategy to reach the campaign target audience, to publicize positive sponsorship relationships, and to expand future sponsorship opportunities. FY 1998-99 was the year that launched the new HFP/MCC programs, and there was a need for a number of events to promote the programs. While HFP/MCC needs continuing promotion, the need for as many state-funded public events does not exist. Further, contracting CBOs will be able to enlist the attention and support of their local media to continue to publicize the program.

Sponsorships, such as the current support of supermarket chains like Raley's/BelAir which prints HFP/MCC information on their milk cartons, grocery bags and checkout coupons, and Edison International which recently included English- and Spanish-language HFP/MCC information in 4.5 million southern California utility billings, provide the program with exposure that extends far beyond the resources of the State.

Plan: DHS will contract for a reduced level of public relations work. Funding of \$800,000 will be focused on public relations activities that publicize the campaign's continuing achievements, programmatic improvements, and successes to spur enrollments and continued participation.

Existing sponsors will be encouraged to increase underwriting commitments, such as Rite Aid's agreement to underwrite the costs of interior bus cards to be posted in Los Angeles Metropolitan Transit Authority buses during FY 1998-1999. New sponsorships will be requested that require a minimum of sponsor and state staff involvement, with maximum results.

Other planned sponsorship activities for FY 1999-2000 include the following:

- Strengthening the Corporate Council chaired by John Bryson of Edison International.
- Maintaining efforts to reach key elected officials and community leaders with valuable program information and encouraging local activities.
- Establishing additional sponsors that primarily serve African-Americans, Latinos, and other under-enrolled target populations.
- Publicly recognizing existing key sponsors and the Corporate Council, and focusing on their innovative partnership with the campaign and the positive results of that association.
- Developing and distributing new collateral marketing materials, that are fully or partially underwritten by sponsors, and that specifically target sponsor outreach activities.

Included in this plan will be the pro bono involvement of celebrities or locally recognized personalities and leaders, who have established credibility and respect in California's diverse geographic, ethnic and linguistic populations. By enlisting the support of celebrities with established credibility in the African-American, Latino and Asian communities, the public's perception of HFP/MCC would become increasingly positive and enrollments in under-enrolled communities would increase. Celebrity spokespersons can be utilized in public service announcements (PSA) to increase public awareness of HFP/MCC. During the PSA development process, input and advice from the target audiences as well as representative advisory groups will be solicited.

Collateral Marketing Materials

Plan: Building on the initial set of basic collateral marketing materials developed and produced in FY 1998-99, \$650,000 is budgeted for the development and production of additional collateral marketing materials. Input will be obtained from various CBOs and the HFP/MCC Outreach and Education Campaign Committee prior to development and final production. Future collateral marketing materials to be produced in eleven languages (Korean will be added) include:

Larger Size Poster - To complement the existing core materials, a larger size poster (27" x 40") will be developed. This poster will provide program

information and include key campaign messages and the toll-free number.

Brochure - A comprehensive multicultural, multilingual HFP and MCC brochure is currently in the development stage, and production is planned for FY 1999-2000.

Materials for Purchase - In addition to the free collateral marketing materials, large signs and banners displaying the HFP/MCC logo for use at health fairs and enrollment events will be available for purchase. These will be available in English and Spanish. DHS will explore making the signage available in all threshold languages.

Administration/Research/Travel

Plan: Runyon Saltzman & Einhorn (RS&E), as the prime contractor, oversees and administers contract 97-11933 in accordance with the contract terms, and is responsible for the work of all subcontractors, submission of all deliverables to DHS, deadlines, budgets and billings issues, and reporting to DHS, such as workplans and weekly status reports.

Research guides the advertising program from creative concepts to implementation by measuring and improving the effectiveness of the paid media program as relates to its theme, audience, media, tonality, key messages and calls-to-action, if any. Research will continue to employ formal focus groups with target audiences that include African Americans, Latinos, and Asians.

\$300,000 is included in the proposed FY 1999-2000 budget to fund these activities.

ENROLLMENT CHALLENGES

Immigration Issues

The State believes that concern about federal public charge policies is the single most significant barrier to the enrollment of eligible immigrants (and eligible citizen children of immigrants) in the HFP/MCC programs. "Public charge" refers to federal laws under which an immigrant who is likely to become a public charge is inadmissible to the United States, and under which an immigrant who becomes a public charge within five years of admission (for reasons not affirmatively shown to have arisen since entry into the United States) is deportable. The United States Immigration and Naturalization Service (INS) reviews public charge status in a number of circumstances including when an immigrant seeks an adjustment of immigration status, or when a U.S. resident wants to sponsor an immigrant seeking admission to the U.S. One of the factors that the INS considers in making a public charge determination is a person's history of receipt of public benefits.

With respect to the HFP/MCC programs, concerns about public charge policies make some eligible immigrants unwilling to apply for benefits that they or their children are eligible to receive. Despite numerous written and verbal contacts with the INS, several key aspects of public charge policy relating to receipt of health care benefits have not been clarified sufficiently to address the concerns of eligible immigrants. Until these concerns are substantively addressed, many eligible immigrants will not apply for state and federal health care benefits for their children.

Background

Early in the implementation of the HFP, it became clear that many immigrants were unwilling to apply for these new benefits because of concerns about how their receipt would be viewed in the context of federal immigration policies relating to public charge determinations. This issue came to light based on reports from Immigrant rights advocates throughout the state and community based organizations that assist immigrants with the HF application process.

Several public agencies, elected officials and community health organizations have expressed their concerns to the INS in an effort to clarify what information can be provided to immigrants regarding receipt of health care benefits and public charge policy. DHS and MRMIB have written a number of letters to the INS on this matter and has met with INS officials to discuss the problem. Our review of the INS responses to these inquiries indicates that further clarification is required from the INS.

For example, in a letter to Los Angeles County Supervisor Gloria Molina, the INS stated:

“With respect to your specific concern about the receipt of benefits by U.S. citizen children under the Healthy Families Program, *it has been INS policy* (italics added) for many years that the receipt of benefits by an alien’s U.S. citizen child is not attributed to the alien parent or other family members for public charge purposes. The only time this general rule would not apply would be if the family were reliant on the child’s benefits as its sole means of support.” (The INS used identical wording in response to DHS.)

Stating that it has been INS policy qualifies this response in such a manner that it does not provide the level of certainty that immigrant populations seek in order to alleviate their concern about public charge. What is needed is a firm unqualified statement. Further the INS response implies that HF coverage could be considered in a public charge determination if this coverage is the sole means of support of the family. The INS has used similar language in response to inquiries regarding the impact that receipt of health care benefits by an immigrant will have on the public charge status of family members. The State finds it impossible to envision any circumstance, short of fraud, under which health care coverage could be used as the sole support for a family. Cash assistance and food stamps support families, health care coverage does not. Therefore, this qualification of

INS public charge policy should not be included when specifically discussing receipt of health care.

Until this question is clarified in plain, understandable language, the State will be unable to address the concerns of a large segment of the eligible immigrant population, and many parents will not seek public health benefits which their children are eligible for under federal law. In those cases eligible children will remain uninsured, which is inconsistent with the intent of the federal Children's Health Insurance Program and the HFP/MCC programs.

In the absence of a definitive response from the INS regarding federal public charge policy, DHS and MRMIB have taken steps to keep the public informed about our current understanding of the public charge issue. To accomplish this, the Department and the MRMIB have released "fact sheets" which summarize our current understanding of the immigration related policies governing the HF/MCC programs. These fact sheets (Exhibit 3) explain current policies regarding eligibility and enrollment of immigrants, collection and sharing of immigration status information, and our current understanding of INS public charge policy.

The State believes that a strong definitive statement that receipt of publicly-funded health care coverage, whether provided under Title XIX (Medi-Cal) or Title XXI (HFP), will not result in a finding of public charge, is essential for California and other states with large immigrant populations to succeed in the goal of reducing the number of uninsured children. The State believes that this goal is consistent with the federal SCHIP legislation and is shared by both federal and state officials.

DHS and MRMIB will continue its efforts to pursue clarification of federal public charge policy in our effort to maximize enrollment of the eligible population in the HFP/MCC programs. Given the size of California's immigrant population, and the number of children potentially eligible for the HFP/MCC programs, the California Legislature and other community leaders could play a significant role in helping to obtain clarification of the public charge issue.

The Perceived Stigma of Medi-Cal as a Welfare Program

Evidence shows that many parents do not seek coverage through Medi-Cal because of the stigma associated with receiving public aid, or prior bad experiences with government-funded health programs. A change to the MCC program has been implemented in an effort to make it more appealing to families. This change included the development of a simplified mail-in application. However, reforms will need to go far beyond this one action. To reduce the stigma, Medi-Cal must be reinvented, going from a program that is associated with welfare and a benefit obtained at the welfare office, to a health coverage program that is offered to people in the same manner as private health insurance.

The Application

Section 14011.1 of the Welfare and Institutions (W & I) Code provides for a simplified Medi-Cal application package and mail-in process for children and pregnant women. Section 12693.33 of the W & I Code provides for DHS and MRMIB to develop a joint HFP/MCC application form.

The simplified, mail-in application package was implemented in June 1998 with enrollment in HFP effective July 1, 1998. The 28-page application booklet contained application forms for both Medi-Cal and HFP as well as instructions for completing the forms and information about programs. The application booklet was available in English, as well as nine other threshold languages. This application was a work in progress, and it quickly became clear that the size and complexity of the application was a barrier to enrollment.

In October 1998, an application revision workgroup was convened. The workgroup consisted of representatives from DHS, MRMIB, children's health advocacy groups, legal aid groups, providers, county welfare departments, other state agencies, and community-based programs. The workgroup's charge was to give recommendations on improving the application forms and process in order to encourage families to enroll their children in health care coverage. Based on this workgroup, a four-page application was developed with a much simpler instructions. Documentation requirements were significantly reduced and simplified. An organization was hired to conduct a language review to ensure that the application was understandable at a 6th grade comprehension level, and a professional form design firm was used to ensure the form was as simple as possible.

The current mail-in process requires applicants to self-screen and send the application to the appropriate program. In order to simplify this form, the mathematical computations and forms needed to perform the self-screen were eliminated, and all applications will be mailed to an administrative vendor for screening. If there appears to be eligibility for no-cost Medi-Cal, the application will be forwarded to the appropriate county for an eligibility determination. If there appears to be eligibility for HFP, the application will be forwarded to the HFP enrollment contractor for final processing.

Focus group testing was conducted the week of January 25, 1999, on the revised application and its instructions. The focus group testing covered English and Spanish versions of the application. A total of fourteen focus groups were conducted: four in Inglewood, three in Burbank, three in Oakland, and four in Fresno. Eight groups were composed of potential application users, and six groups were composed of CAAs. Six groups were conducted in Spanish using the Spanish-language application and instructions, and eight groups were conducted in English using English-language materials. A total of 144 respondents participated in this focus group testing.

A newly revised draft version of the English- and Spanish-language application and

instructions were developed based on the focus group findings. This draft was shared with the application workgroup at a meeting on February 22 and was focus tested the same week. Seven user groups were conducted, five in southern California and two in the Fresno area. Four of these were conducted in English and three in Spanish. Three focus groups were conducted with CAAs, two in Spanish (Fresno and Inglewood) and one in English (Fresno). This revised application focus tested well.

The application will be translated into eleven languages, including Korean. English and Spanish versions will be available for use in late March 1999. Applications in the other nine languages will be available on a flow basis in April and May 1999. In order to provide support on the toll-free telephone lines, Korean-speaking operators will be available to the public in early April 1999.

By improving and simplifying the mail-in application forms and process, an important step is taken toward ensuring that more eligible but uninsured children are enrolled in low-cost or no-cost health care programs.

Face-to-Face Interviews

The W & I Code prohibits counties from requiring face-to-face interviews for families who enroll their children, or pregnant women who enroll, using the mail-in application, except in rare circumstances. DHS has issued several county directives implementing this prohibition. Most counties have done a good job complying with the directives. There have been instances where counties have not followed this direction. DHS is interested in seeking out situations where face-to-face interviews are routinely required so that DHS can work with the county on corrective action.

Lack of Awareness of HFP/MCC

Another impediment to higher enrollments in HFP/MCC is the lack of awareness of these programs by low-income families. This concern is illustrated by a recent survey of EEs which shows that over 30 percent of the respondents stated that local eligible families were not aware of HFP or MCC, or did not know that these programs provided medical coverage for children. While this could be construed positively to indicate that the majority of respondents felt there was an awareness of the programs by eligible families, it also points out that much more needs to be done to increase program visibility and awareness by the target populations.

With the increase in contract funds for CBOs to conduct local outreach and education activities in the next fiscal year, it is anticipated that program awareness should increase as CBOs conduct more community events, customize outreach materials with their own organization's name and phone number for clients to contact for information and enrollment activities, link and collaborate with other local organizations, and utilize local media and

advertising.

To further increase program awareness, the campaign will also recruit recognized and trusted celebrity spokespersons who would appeal to the target population and generate interest in the programs. In addition, the campaign will recruit more corporate and public sponsors during the next year to further increase program visibility and reach of the campaign into local communities.

EVALUATION OF 1998-1999 EDUCATION AND OUTREACH CAMPAIGN

BACKGROUND

During FY 1998-99, forty percent of the campaign's budget was designated for education efforts that combined multilingual advertising, public relations activities, media relations, partnerships with private industries and public agencies, and collateral marketing materials to promote HFP/MCC. Sixty percent of the campaign budget was allocated to community-based outreach activities, such as training and support for enrollment entities (EEs) and certified application assistants (CAAs), EE reimbursement payments, toll-free information services for both applicants and CAAs, school outreach, and \$1 million in funds for mini-contracts with CBOs. Funds were also designated for a survey of EEs to evaluate the effectiveness of the State's outreach strategies. The 1998-99 budget did not include sufficient funds to conduct a survey of eligible families, and resources could not be obtained elsewhere.

Statutory Authority

State law mandated that the Healthy Families program (HFP) and Medi-Cal for Children (MCC) education and outreach campaign be a joint effort between the Managed Risk Medical Insurance Board (MRMIB) and the Department of Health Services (DHS). The State was charged with the responsibility of creating a comprehensive public awareness and outreach campaign that targeted qualifying low-income working families and encouraged them to apply for, and enroll in, the low-cost or no-cost State health coverage programs. Education and outreach efforts were to be multicultural, and specifically target families in a wide variety of ethnic groups, including the Latino, African-American, and Asian communities.

Federal Authority

In August 1997, the federal Social Security Act was amended to add Title XXI, which established the State Children's Health Insurance Program (SCHIP). Funding for SCHIP was enacted by the Balanced Budget Act of 1997 and provided additional options to states to initiate comprehensive medical care programs for eligible low-income individuals.

State Authority

The California Legislature adopted two options provided in the federal Balanced Budget Act of 1997. These options allowed states to:

- Expand no-cost Medicaid coverage for children ages 14 up to 19 whose family income does not exceed 100 percent of the federal poverty level
- (FPL), waive the asset test for children in the FPL programs, and provide a one-month Medi-Cal "bridge program."

- Establish a low-cost health insurance program (i.e., SCHIP) for children ages 1 up to 19 who do not qualify for no-cost Medi-Cal and whose family income does not exceed 200 percent of the FPL.

These options resulted in HFP/MCC. In addition, the Legislature passed related bills mandating an education and outreach campaign to increase awareness of the availability of these new programs to reduce the number of uninsured children in California:

- Welfare and Institutions Code, Section 14067 authorized Medi-Cal to develop and use a simplified application, make eligible children ages 14 to 19 whose family income is up to 100 percent of the FPL and develop and operate the education and outreach campaign.
- AB 1126 (Chapter 623, Statutes of 1997) established HFP to deliver health care services to non Medi-Cal eligible, uninsured children ages 1 through 19.
- AB 1572 (Chapter 625, Statutes of 1997) appropriated funds to MRMIB and DHS for administrative start-up costs for the mandated education and outreach campaign.
- SB 391 (Chapter 294, Statutes of 1997) specifically mandated that DHS, in conjunction with MRMIB, develop and conduct a community education and outreach campaign to help families learn about, and apply for, Medi-Cal.

Role of DHS, MRMIB and Healthy Families Advisory Groups

DHS and MRMIB are mandated by state law to develop and conduct community education and outreach activities that create public awareness of, and that encourage and assist families to apply for, HFP/MCC. In conducting this campaign, DHS must elicit input from, and contract with, various entities and programs that are in contact with potentially eligible families and children. To assist in this process, DHS and MRMIB are guided by a 14-member Advisory Panel and a seven-member Outreach and Education Committee.

In addition to assisting in the development of the campaign, it is MRMIB's role to provide policy and administrative oversight for HFP. DHS has primary responsibility for developing and implementing the HFP/MCC education and outreach campaign activities.

Healthy Families Advisory Panel

State law mandated that MRMIB appoint a 14-member Healthy Families Advisory Panel to be in effect February 1, 1998. Panel members must have demonstrated expertise in the provision of health-related services to children aged 18 years and under and be

representative of the geographic, cultural, economic and other social factors of California. The purpose of the Panel is to advise MRMIB concerning policies, regulations, operations and program implementation measures. The Panel held its first meeting in November 1997.

HFP/Medi-Cal Outreach and Education Campaign Committee

At the recommendation of S. Kimberly Belshé, former Director of DHS, the Committee was established to provide DHS and MRMIB with broad-based community input, recommendations and advice regarding the campaign's education and outreach activities to help more low-income families obtain the health care their children need. The Committee is comprised of the 14-member Healthy Families Advisory Panel and an additional seven members from the Los Angeles County Department of Public Social Services; San Bernardino County Office of Education; Children Now; Community Health Council, Inc.; rural health clinics; Alameda County Health Care; and the Latino Coalition for a Healthy California.

The HF/Medi-Cal Education and Outreach Campaign Committee limits its recommendations to issues relating to campaign education and outreach activities. DHS and MRMIB work closely with the Committee, as well as a number of community groups, to develop and implement the various facets of the education and outreach campaign.

The Committee's responsibilities include:

- Reviewing planned outreach activities for geographic, cultural, linguistic and economic appropriateness and sensitivity to ensure a broad-based community perspective.
- Providing guidance on the educational content and the locations for campaign activities, such as statewide informational meetings, certification training, and other community outreach efforts.
- Reviewing the campaign's media, marketing and public relations outreach plans to provide the State with a broad-based community perspective.

Number of Uninsured Children

DHS and MRMIB decisions concerning an education and outreach plan approach for HFP/MCC are complicated by the lack of accurate information about the size and composition of the target population.

In early 1997, DHS requested that the University of California at Los Angeles (UCLA) Center for Health Policy conduct research to estimate the number of children in California,

ages 1 - 18, between 100 and 199 percent of poverty who were uninsured and ineligible for no-cost Medi-Cal. These children would be potentially eligible for the HFP. From early 1997 until the present, the State has received four different estimates of the numbers of uninsured children potentially eligible for the HFP and no-cost Medi-Cal. In each case, the number of eligibles for no-cost Medi-Cal has increased, with a corresponding decrease in the number of children eligible for the HFP.

The following data illustrates the difficulty the State has faced in obtaining an accurate estimate of the target population:

- In December 1997, the UCLA Center initially projected there were 580,000 uninsured children in California who were eligible for HFP based upon the March 1996 Current Population Survey (CPS).
- In January 1998, the Center released revised estimates based on the 1997 CPS which projected that there were 562,000 uninsured children in California who were eligible for the HFP, and 678,400 children were eligible for Medi-Cal.
- In October 1998, the Center again revised estimates based on the March 1997 CPS, projecting approximately 1.74 million uninsured children in California. Of those, an estimated 400,000 were eligible for the HFP, and 668,000 were eligible for Medi-Cal.
- In January 1999 (and subsequently corrected in February 1999), the Center released revised estimates based on March 1998 CPS which estimated that there were 1.1 million uninsured children eligible for HFP/MCC. Of those, 328,000 children were eligible for HFP and 788,000 children were eligible for MCC.
- There are also approximately 440,000 citizen and legal immigrant uninsured children who are ineligible for HFP and no-cost Medi-Cal because their family income is above 200 percent of the FPL.

The UCLA Center estimates there were 2,027,040 children on Medi-Cal in the state in 1997. Actual DHS Medi-Cal eligibility statistics for January 1998, show there were 2,597,955 children ages 0 to 18 years. It is unclear to what degree the estimate of 788,000 children shown as being Medi-Cal eligible and not enrolled is overstated given the survey's under-reporting of over 500,000 enrolled Medi-Cal children.

The UCLA Center recommends that these estimates be viewed as approximations for two reasons:

- 1) The CPS sample sizes of uninsured children in these subgroups are small, and consequently, result in unstable and imprecise estimates; and

- 2) The CPS does not ask respondents whether they are documented or undocumented immigrants. The UCLA Center, therefore, modeled documentation status in order to exclude from the estimates those children who would be ineligible for any public coverage other than emergency Medi-Cal services.

The UCLA Center further recommends that the estimated population be viewed as ranges. The HFP population should be estimated at between 259,000 to 397,000 children, and the MCC population should be estimated at 681,000 to 895,000 uninsured children.

To address the need for more reliable data, DHS proposes that federal sponsorship of an accurate count of uninsured children would benefit California, as well as other states.

Exhibit 4.1 details the number of uninsured children in California who are eligible for HFP/MCC based on the most recent estimates by the UCLA Center.

Healthy Families Enrollment Projections

In May 1998, based on the UCLA Center estimates with data provided by the Census Bureau and the National Center for Health Statistics, MRMIB estimated that 35 percent of the uninsured children who are eligible for HFP/MCC could be enrolled during the first year of operation. Based on the available estimates, MRMIB projected that approximately 200,000 children would be enrolled by June 30, 1999.

In October 1998, when UCLA revised their estimates and determined that there were fewer HFP-eligible children and more MCC-eligible children, using the same enrollment assumptions, MRMIB adjusted its estimate accordingly to 138,000 HFP enrollments by June 30, 1999.

UCLA adjusted their estimates again in January 1999, again increasing MCC eligibles and reducing the number of HFP eligibles. As a result, MRMIB is in the process of considering a revision of the projected enrollments figure, as part of the May 1999 Revision to the Governor's Budget.

As of March 18, 1999, over 86,000 children have enrolled in HFP. Enrollments have grown significantly since October 1998, and are expected to increase even further in light of the revised, shortened application and heightened involvement of local CBOs participating in spring health fairs, special enrollment events, and other outreach activities. See Exhibit 4.2 for details on HFP enrollment statistics.

As of February 4, 1999, there were almost 40,000 more children enrolled in those particular programs than originally shown in the Medi-Cal base estimate in May 1998. Of the 40,000 children, 10,927 of them are from one to 6 years of age with a family income up

to 133 percent of FPL, and 28,887 children from 6 to 19 years of age with family income up to 100 percent of FPL. It should be noted that the base estimate did not include any of the assumptions as to growth due to Title XXI or other changes in Medi-Cal that were included in the May 1998 Medi-Cal estimate.

1998-1999 OUTREACH CAMPAIGN

Role of the Enrolled Entities (EEs)

CBOs are expected to play an important role in providing information to potential applicants about the changes in the Medi-Cal program, inform them about the new HFP, and to help them apply for these programs. Community or government-sponsored groups can become EEs if they demonstrate that their organization has a history of providing services to the target population. EEs or their employees can attend a training session and become CAAs. EEs can receive reimbursement from the State for the assistance they provide in helping children and pregnant women successfully enroll in HFP or Medi-Cal. CAAs are responsible for:

- Assisting the applicant in properly completing the application.
- Conducting individual or group sessions for the purpose of assisting and educating applicants.
- Answering questions pertaining to the application.
- Reviewing and explaining the types of documentation to be submitted with the application.
- Helping applicants learn to use the Healthy Families Handbook to find a health, dental, and vision plan.
- Ensuring that they have the language capability to serve the target population.
- Helping to calculate the monthly HFP insurance premium.
- Assisting the applicant in determining the program for which they are eligible.

RHA is responsible for providing technical assistance and training to the CAAs on an ongoing basis, providing community-event support to encourage local efforts in the achievement of the State's enrollment goals, acting as a liaison for community groups, and encouraging the development of coalitions to improve the program's accessibility to rural or culturally underserved neighborhoods.

There are currently over 1,100 EEs and more than 12,000 trained CAAs. RHA is responsible for maintaining the EE/CAA database and keeping the information on the database current. This database is an important tool to the toll-free information line operators who refer callers to the CAAs maintained on this database when callers request help with the application. Participating EEs include:

- government agencies
- insurance agencies
- private physicians and clinics

- hospitals
- tax preparers
- schools
- faith-based organizations

Based on the number of application reimbursements issued, 39 of the 1,100 EEs have successfully enrolled over 100 children. Some CAAs provide assistance without seeking reimbursements and are providing assistance to a small population base. Of these 39 EEs, 31 are health providers or clinics. Over 81,573 applications have been received as of March 12, 1999. About half of the applications received were completed by families without assistance from a CAA.

An informal survey was conducted by the Los Angeles County Department of Social Services during the months of December 1998 and January 1999, to determine whether assisted and unassisted mail-in MCC applications were completed accurately. The findings from that survey showed an error rate of 82 percent for both assisted and unassisted applications. This finding established that the previous application form was difficult to complete and may have been an enrollment barrier for families.

Exhibit 5 provides details on the training and technical assistance provided by RHA.

Application Assistance Fees

A \$50 fee is paid to EEs for each successfully enrolled HFP or Medi-Cal application that includes a request for fee payment. The fee level was initially set at \$25 but was increased on November 1, 1998, to more accurately reflect the workload associated with the application assistance process. In addition, the organizations that successfully assisted families prior to October 31 were given a one-time bonus payment of \$250 for each 10 successful applications.

The application assistance fees are designed to encourage participation by a broad range of community organizations in outreach activities. The theory behind the application assistance fee is that it is not possible to know, in advance, which community organizations will do the best job of helping families to enroll in the HFP/MCC. For example, both community clinics and schools are generally viewed as excellent locations for outreach activities. However, within these categories the level of interests and skill in conducting outreach activities varies significantly.

The use of an assistance fee was adopted in the belief that, in order to reach the over 1 million eligible but uninsured children, many and varied community partners were needed. An application assistance fee, as opposed to direct grants or contracts, was determined to be the best strategy for reaching a diverse group of community organizations.

A strength of the fee mechanism is that funds are targeted to community organizations that successfully help a family enroll in the HFP/MCC. Only those community organizations that are successful in assisting the state in achieving its outreach goal - the enrollment of uninsured children into comprehensive systems of care through the HFP/MCC - receive the funds.

Another strength of the fee mechanism is that it permits organizations to self-designate and to be as involved as they choose to be in enrollment activities. This provides the opportunity for a faith-based organization to be involved on a once-a-year basis through a community health day event, or a community clinic to incorporate HFP/MCC outreach activities into its daily operations. No organization that attends the training program and helps families enroll is excluded from receiving the fees for each successful HFP/MCC application.

A weakness of the application assistance fee mechanism is that it does not provide the start-up or infrastructure funds needed by some community organizations to dedicate staff resources to application assistance efforts. In addition, some observers have criticized the method for not providing appropriate targeting of funds to those entities viewed as “best able” to conduct outreach activities to the target population. A final criticism is that the fees do not provide adequate reimbursement to community organizations to fund special outreach activities such as community forums and targeted local media advertising. In response to these criticisms, \$1 million in mini contracts was made available to CBOs to fund non-application assistance outreach activities.

Exhibit 6 provides a more detailed analysis of application assistance fees.

Outreach Activities through Richard Heath and Associates (RHA)

RHA is responsible for outreach efforts to CBOs to promote program awareness and to help develop “relationships” between organizations who serve the targeted population and CAAs. RHA accomplishes the objective in a variety of ways, including:

- *Program Presentation.* RHA conducted presentations to CBOs who serve an eligible population to increase their awareness and secure their support of the HFP/MCC programs. RHA “links” these organizations with CAAs within the community who can work with the CBOs to enroll families in the programs.

- *School Outreach.* RHA identified schools throughout the state with a high eligible population of children on the Free or Reduced Lunch Program. RHA coordinated with Parent Teacher Association (PTA) groups, and other school organizations to increase program awareness and assist them with enrollment activities at school fairs or child care related community functions.
- *Geographic Collaboratives.* Through analysis of enrollment efforts, RHA identified geographic areas with low enrollment within specific ethnic populations and “linked” them with CBOs who provide services to that populations.

In FY 1998-99, \$3,668,000 has been allocated for the administration and management of outreach efforts to community-based programs, and was spent on the following activities:

- *Collateral distribution and postage* for collateral marketing materials to EEs. This fiscal year, RHA has overseen the distribution of over 2,250,000 pieces of program training, enrollment and collateral marketing materials. Additionally, four information bulletins and a letter on important immigration and public charge issues were mailed to EEs. (\$482,300)
- *Systems development*, including the management of information related to tracking and reporting certification training sessions, entity enrollment, reimbursement payments, referral reporting, and program evaluation. RHA undertook several tasks in the development of program-wide systems and tactics for maintaining data on the program. (\$218,400)

Specific tasks include:

Reporting: All EEs/CAAs submit weekly activity reports, including statistical Data for Training and Certified Assistant HELP Line calls logged and bi-weekly EDS Callback Referral Response reports.

Reimbursements: For several months, RHA was responsible for the application reimbursement fee payment process (July 1 through September 1998). This involved coordinating data received from EDS and EEs to determine which EEs’ assistance resulted in the successful enrollment of a child/ren in HFP/MCC.

One-Time Development Costs: An extensive infrastructure was developed by RHA for handling and tracking operations. Such activities were considered one-time development costs, as the products and systems developed were designed to streamline operations for all project partners throughout the life of the program.

- *Staffing a toll-free EE/CAA HELP line.* Since August 1998, there have been over

33,000 phone calls received from CAAs and EEs requesting assistance (\$450,000).

- *Program Management and Field Staff costs* were associated with oversight activities, on-site visits to EEs and maintaining community links, providing information on cultural and community enrollment barriers, increasing productivity and program awareness, and matching EEs to schools and other CBOs without staffing resources or facilities to provide application assistance. There are 28 multicultural, bilingual field staff providing outreach throughout the state. Field staff are able to provide assistance to EEs/CAAs in the following languages and dialects: English, Spanish, Tagalog, Cantonese, Mandarin, Vietnamese, Hainamese, Cebuano, and Cambodian. (\$2.517 million)

Enrolled Entity (EE) Survey

In February 1999, DHS and its contractor RS&E commissioned H&K and Communication Sciences Group (CSG) to survey and report on the various EEs and their outreach and application assistance activities.

The survey instrument was a questionnaire developed jointly by DHS, MRMIB, RS&E, H&K and CSG. It was used to conduct phone interviews with the most senior staff members of the participating EEs.

The final sample size consisted of 458 EE respondents. Two-thirds of the EEs surveyed were enrolling families in southern California and the remainder were involved in enrollment in northern California or the Central Valley. About half (48 percent) of the EEs involved in the survey only promote HFP/MCC to families that are already their clients; the remainder (51 percent) go outside of their organizations to find eligibles. Most EEs focus their efforts on only one racial/ethnic group. The organizations in the survey tended to target and enroll either Latino families or Caucasian families.

The majority of EEs (58 percent) are doing outreach and assistance equally for HFP/MCC. However, a significant number (39 percent) of EEs reported doing more for HFP than for MCC. Most (42 percent) also feel their work for HFP is going well. Slightly less (36 percent) feel the MCC outreach and application is going well.

A majority of EEs (70 percent) reported they have sufficient resources to provide outreach and assistance to their target populations, over one-half (52 percent) have a dedicated staff member to provide application assistance activities for a set amount of time each week and 27 percent have a written plan or strategy for application assistance activities. Nine in ten believe their staff have the skills and abilities necessary to provide application assistance. Additionally, although a majority feel that more training would be good, nearly three-fourths believe the current 1-day training session provided through the State by RHA is adequate to prepare them to provide application assistance.

Slightly over half (54 percent) reported they had received technical assistance on how to answer questions about program and application procedures. Most were aware of and used the technical assistance available through RHA for these issues/problems, as well as issues in the areas of how to get reimbursements and how to network with other community groups. Ninety percent of those EEs using RHA rated the quality of its assistance as *excellent* or *good*. Virtually all felt the State should continue to provide technical assistance at the same or at an increased level, and 82 percent said it should be through a contractor like RHA.

EEs were asked open-ended questions to describe the sorts of problems they had experienced in their HFP/MCC application and assistance activities. Respondents reported the following:

- Client problems centering around a lack of interest and fear about immigration issues (HFP: 92 percent and MCC: 75 percent);
- Problems with the reimbursement or with the State not explaining why applicants were being denied (HFP: 53 percent and MCC: 32 percent);
- Problems with application forms (HFP: 32 percent and MCC: 12 percent);
- Administrative problems, such as not having resources to devote to activities (HFP: 29 percent and MCC: 25 percent).

Twenty-seven percent of the respondents reported that many eligible families did not want to be involved with HFP because of its association with Medi-Cal. Significantly, 25 percent of the respondents also said that many families did not see the value of signing up for these programs as they believed that they could obtain medical care when the need arises.

About one-half of both HFP/MCC respondents (48.1 percent and 49.9 percent respectively) felt they could improve client problems by doing more outreach and education. Approximately 43.2 percent of HFP respondents and 38.5 percent of MCC respondents felt there were internal, administrative steps they could also take on resource issues, including being more proactive with the State.

Regarding issues related to reimbursement in the survey, almost all seek reimbursement. For the majority (55 percent) of the respondents, the lack of speed with the reimbursement process was not seen as having an impact on their willingness or ability to participate in HFP/MCC. Surprisingly, 68 percent reported increasing the level of reimbursement from \$25 to \$50 also had no impact on their application assistance efforts.

Given a choice between reimbursement and a contract, 46 percent reported they would prefer to continue the current \$50 reimbursement over a contract with the State to perform a specific set of agreed on activities. Of the 42 percent favoring a contract, the main reasons were increased chances of reimbursement and payment for outreach activities. There was no information on EE's views regarding the possibility of having both the reimbursement and a contract.

Seventy-six percent of EEs responding to the survey said different information and promotional materials would be needed to reach more potential applicants. More than 70 percent felt the following could contribute to increased enrollments:

- a new simplified application form;
- more local news or feature coverage and more advertising in their local media market; and
- increased efforts to identify and contact potentially eligible families.

Ninety percent reported the clients wanted to know which of the two programs they qualified for when filling out their application.

On barriers to enrollments for HFP/MCC, 68 percent of respondents strongly agreed that a sizable number of potential applicants worried about the immigration issues and legal consequences of applying for HFP/MCC, and 31.1 percent stated that a sizable portion of the population who might be eligible was not yet aware of HFP/MCC, or that these programs provide medial insurance. These were considered by respondents to be the two major barriers to enrollment.

Toll-Free Information Service (1-888-747-1222)

All toll-free information service activities are managed under the RS&E contract by H&K,

which subcontracted in April 1998 with EDS to implement a dedicated call center. The toll-free number, 1-888-747-1222, was originally established as part of the MCC campaign in February 1998 and served as a pre-enrollment activity for the HFP. There were 5,478 calls for HFP pre-enrollment for February 1998 through April 30, 1998.

The statewide toll-free information line provides one-on-one guidance and information to the caller about HFP/MCC application process and initiates referrals to EEs. The line supports HFP/MCC outreach such as television, radio, outdoor and print advertising, collateral marketing materials, public relations activities and the HFP/MCC joint application by providing a number for the public to call for an application, information, and referral services.

The line is staffed by a team of operators proficient in ten designated threshold languages which campaign materials are published (English, Spanish, Vietnamese, Cantonese, Cambodian, Hmong, Russian, Armenian, Farsi, and Lao). During the month of April, Korean will be added due to the high demand for this language and Lao will be discontinued due to the lack of demand, although the application and collateral marketing materials will continue to be available in Lao. DHS and MRMIB will assess reinstatement of Lao operator staff should the need arise.

The phone line is staffed Monday through Friday, 8 a.m. to 8 p.m. Pre-recorded information in ten languages is available 24 hours a day, 7 days a week, including holidays. After hours, a caller may leave a voice mail message to request an application or other information.

The role of the operators is to respond to requests for applications, to assist with questions about the application packet, and to provide referrals to EEs using the RHA data base of EEs that is updated weekly.

Operators transfer calls regarding HFP to the HFP enrollment staff at EDS (1-800-880-5305) who are under contract with MRMIB. Operators also refer callers who have complex Medi-Cal eligibility questions or have previously submitted the mail-in application for the Medi-Cal program to county Medi-Cal eligibility workers.

Operators receive ongoing training on customer service techniques, general HFP/MCC program information, as well as state-approved scripted responses for the most frequently asked questions. Scripted information includes program descriptions and eligibility criteria for the HFP, MCC and pregnant women; description of availability of free assistance in completing the application by trained and certified EEs, and responses for questions about public charge issues.

Referrals to EEs for Client Follow-Up to Enhance Enrollments

The toll-free line implemented two referral processes that provide client referrals to interested EEs throughout the state. In December 1998, a call back process to individuals who had requested an application was initiated to offer applicants assistance from local EEs and to provide the referrals to local EEs. In January 1999, all new callers requesting applications were informed about the availability of EEs and referral information of those who wished to receive help from an EE was transmitted to EEs for follow-up.

The purpose of the call back activity was to encourage enrollment in HFP/MC and offer local EE application assistance through follow-up telephone contact to the families who had requested an application package via the toll-free line.

The campaign's various advertising and public relations activities that publicized the toll-free number were successfully generating requests for the HFP/MCC application. By mid-November 1998, the toll-free line had received more than 150,000 calls and had mailed out in excess of 130,000 application packages. However, HFP enrollments of 35,000 illustrated that only a fraction of the application requests to the toll-free line had resulted in submission of applications. This lack of subsequent application submission may be a result of non-eligibility by the applicant, or concerns about the public charge issue that continues with the INS.

DHS and MRMIB were concerned about the lack of follow-up with families that had called the toll-free line and requested an application for HFP/MCC. Beginning December 1, 1998, four operators were designated to call back individuals who had requested an application in the prior two months. To meet the language needs of the callers, the four operator staff were primarily English and Spanish-speaking, however other operators with other language skills participated as needed. These toll-free operators were instructed to make up to three attempts to reach each caller to offer additional help and referrals to appropriate local EEs. On a weekly basis, EDS transmitted a data file of individuals requesting assistance to RHA. This file contained the name, city, zip code, telephone number with area code, county, language spoken, and best time to call. RHA distributed the referrals to the appropriate local entities for follow-up. This call back process covered calls received during October and November 1998.

During the fourteen week call back period ending March 2, 1999, more than 6,300 individuals were contacted and 23 percent requested that their names be referred to EEs. A majority, estimated to be as high as 75 percent, of these requests for help or referral were from Spanish speaking individuals. An additional 31 percent of those contacted were already either enrolled or had applied for HFP and/or MCC. Exhibit 7.1 details of the findings of the call backs from December 1, 1998 through March 2, 1999.

In January 1999, a separate automated call-back process was implemented based on an

upgraded, automated data collection system which enabled the operator staff to ask permission from all callers requesting an application to allow a local EE to make contact with the family. Contact by the EE would be made after the application had been received to answer client questions about the application and to assist in completing the form. A data file of callers who requested assistance is forwarded weekly to RHA for distribution to interested, active local EEs. This process has been most successful with more than 18,400 (over 32 percent) callers granting permission for an EE to follow-up with their family to assist in completing the application during the first two months of implementation. However, many callers state they prefer to review the application package first and if they want to be helped further by an EE, they will call the toll-free line for this assistance. Exhibit 7.2 details these findings.

Follow-up Activities by EEs and Results

RHA recruited the participation of more than 300 active EEs who agreed to accept the referrals from the toll-free line. During the first ten weeks that toll-free referrals were submitted by EDS to RHA for appropriate distribution to EEs, over 90 percent of the referrals were distributed to EEs for follow-up. A reporting mechanism was implemented to provide feedback on the outcome of the referral process.

A summary of the initial report of follow-up activities is based on 3,800 follow-up reports submitted by EEs to RHA. When phone contact was made with the families who had indicated an interest to the toll-free line operator to receive help from an EE, 31 percent immediately scheduled an appointment, 9 percent indicated they would contact the EE for an appointment at a later date, and 9 percent had already had submitted an application for HFP or MCC.

Of the remaining, 11 percent no longer wished assistance, 9 percent decided against completing the application, 24 percent were not able to be contacted after numerous attempts, 3 percent already had insurance coverage, and 3 percent stated other reasons.

As with any new process, the EE referral process via the toll-free line will be continually assessed by DHS and MRMIB to ensure that it is an efficient mechanism to increase enrollments.

Enhancements

Since the launch of the toll-free line, several enhancements have been implemented. The immediate interest that was generated by the HFP/MCC launch and joint advertising campaign generated an increased volume of calls to the toll-free outreach line that was far greater than anticipated. Consequently, there was a high number of blocked calls resulting in busy signals and longer than reasonable wait times due to the high volume of calls. To respond to the high call volume, incoming call capacity was increased from 24 to 48 lines, staffing was increased from 12 to 30 operators which included establishing a pool of 8 full-time operators dedicated to Spanish-language calls and additional operator staff who would take the overflow English- and Spanish-language calls.

As a result of implementing these enhancements to improve customer service on the toll-free line, the toll-free costs have far exceeded the original estimated budget. Several cost containment measures have been initiated such as discontinuing the original call back process and reducing the number of operator staff who were doing the original call backs.

Call center performance is routinely monitored for language requirements, staffing, busy signal rates, call abandonment rates, call waiting time, call length, and quality of the information given to callers.

Effectiveness

Provided below is a summary of callers by language from July 1998 through February 28, 1999:

Language	# of Callers
English	184,184
Spanish	55,742
Vietnamese	3,261
Cantonese	3,063
Russian	308
Armenian	283
Hmong	221
Cambodian	108
Farsi	75
Lao	16
Total	247,261

During this same period, 155,040 applications and handbooks were mailed to callers.

As of February 28, 1999, 2,611 EEs statewide requested to be listed in the data base used by the operators to provide callers with referrals to community programs where CAAs could help families in completing the application. Families are provided referrals to the closest EEs based on the caller's language needs. In addition to obtaining referrals to local EEs through the toll-free line, families may also access the EE data base via Internet

through the MRMIB website.

More than 21,257 referrals to EEs were requested by callers either during their initial call for an application package or in follow-up calls for additional information or clarification on completing the application.

Callers are routinely asked to identify the primary source that made them aware of the HFP/MCC. Some callers may have heard about HFP/MCC in more than one place. This data is reviewed by the contract team to assess success of outreach efforts with caution that the report is only as accurate as the responses given by each caller.

While not a scientific study nor utilizing standardized research methodology, these findings provide a gauge of the campaign's efforts. A report of the findings on how the toll-free callers heard about HFP/MCC during the first six months of the campaign showed: 27.6 percent of callers identified various forms of advertising, 30.5 percent identified a public relations effort, 27.2 percent identified a local outreach effort; and another 14.7 percent responded that friends and family had told them about HFP/MCC. (Exhibit 8 displays this report.)

This data indicates that all the HFP/MCC campaign's integrated strategy of advertising, public relations, and outreach marketing and public relations are reaching and promoting program awareness. The number of calls to the toll-free line during periods of television advertising often increases call volume from an average of 1,200 calls per day to more than 2,000 calls per day. This shows a direct relationship between advertising and public awareness of the programs.

As part of the toll-free line's customer service follow-up program, a sample of callers are randomly contacted approximately three weeks after their initial call to ensure timely receipt of their requested application and handbook, as well as to assess the quality of service provided. Callers have reported that they are receiving the applications and handbooks in a timely manner (i.e., within 10 working days), and that they are satisfied with the quality of service and the information provided by the operators.

Beginning February 23, 1999, the toll-free information line also has supported the National Governors' Association's (NGA) children health insurance program campaign entitled INSURE KIDS NOW. This campaign includes English and Spanish television and radio ads with the tag line, "Insure your kids now, call 1-877- KIDS NOW, 1-877-543-7669." This national toll-free number automatically connects California callers to the HFP/MCC toll-free information service (1-888-747-1222) operators. While new, this advertising appears to be effective, generating 70 calls on the first day of the radio PSAs.

The cost effectiveness of the toll-free information line is contingent upon the success of the campaign education efforts, including advertising and public relations, and the resultant exposure of the toll-free number and caller volume. Based on the consistently high call volume for all months, except December due to reduced advertising and media relations, as well as the holiday season, the apparent need for maintaining the call center operation remains high.

Toll-Free Access - MRMIB (1-800-880-5305)

MRMIB's HFP toll-free line, 1-800-880-5305, was established and is administered by MRMIB's contract with EDS, which is not a part of the \$21 million education and outreach campaign. Enrollment specialists offer HFP information, enrollment assistance, account maintenance, and billing information to families.

The line is staffed by a team of operators proficient in ten designated threshold languages which campaign materials are published (English, Spanish, Vietnamese, Cantonese, Cambodian, Hmong, Russian, Armenian, Farsi, and Lao). During the month of April 1999, Korean will be added to meet high demands for this language, and Lao will be dropped due to the negligible use of this language. MRMIB and DHS will assess whether to add Lao should future needs arise.

The phone line is staffed Monday through Friday, 8 a.m. to 8 p.m.. Pre-recorded information in ten languages is available 24 hours a day, 7 days a week, including holidays. After hours, a caller may leave a voice mail message to request an application or other information.

As of February 12, 1999, the line has responded to 216,641 callers. The primary languages of callers are English (approximately 70 percent) and Spanish (approximately 28 percent).

Contracting with Community-Based Organizations (CBOs)

During the first year of HFP/MCC, emphasis was on the training of CBOs on the mail-in application, providing them with support for their outreach and enrollment activities through the State's subcontractor, RHA. RHA provided the linkage between the CBOs and the statewide effort. They also facilitated the networking of CBOs, county government and various coalitions in developing a coordinated local effort.

After the first phase of program implementation, the additional component of contracting directly with CBOs was added in order to begin a community education and outreach campaign that would be very effective in helping families learn about, and apply for, Medi-Cal and HFP. The initial \$1 million funding (maximum of \$50,000 per contractor) is available through June 30, 1999.

CBOs are to use these funds to enhance existing outreach activities and reach the target population by focusing on one or more of the following areas:

- Language: method(s) to address range of language needs within the community;
- Culture: method(s) to address specific cultural community needs;
- Geography: innovative outreach methods for rural communities, including underserved communities and those with transportation limitations;
- Innovation: methods to innovatively increase outreach and education;
- Training: methods to adapt training to cultural diversity of the community;
- Maintenance: teaching the benefits of preventive health care;
- Grass roots involvement in outreach and education;
- Increased coordination and collaborative efforts; and
- Special populations: migrant families/farm workers, American Indians, homeless.

Exhibit 9 provides details on the organizations that have received funding under this outreach effort.

1931(b) Outreach Effort

The \$1 million in CBO contracts for HFP/MCC is consistent with DHS' implementation of the section 1931(b) outreach program. The Medi-Cal 1931(b) Outreach and Education Campaign is an effort by DHS to provide outreach activities to Medi-Cal eligibles for the 1931 (b) program, specifically women of childbearing age and children.

DHS has made \$17.9 million available under the provisions of the federal welfare reform law for outreach to individuals who may no longer be eligible for welfare benefits under welfare reform but continue to remain eligible for Medi-Cal (the 1931(b) program or other Medi-Cal program such as Transitional Medi-Cal).

The 58 counties and three cities will use these funds to enhance existing outreach activities that will reach the target population by focusing on one or more of the following areas:

- Language: method(s) to address range of language needs within the community;
- Culture: method(s) to address specific cultural community needs;
- Geography: innovative outreach methods for rural communities, including underserved communities and those with transportation limitations;
- Innovation: methods to innovatively increase outreach and education;
- Training: methods to adapt training to cultural diversity of the community;
- Maintenance: teaching the benefits of preventive health care;
- Grass roots involvement in outreach and education;
- Increased coordination and collaborative efforts;
- Special populations: migrant families/farm workers, American Indians, homeless.

Exhibit 10 provides further details on the counties and cities that have received funding under the 1931(b) outreach efforts.

School Outreach

In late spring of 1998, when key groups discussed and proposed strategies to increase enrollment in the HFP/MCC, schools consistently emerged as critical partners. This message has been underscored by formal groups, such as the Healthy Families and Medi-Cal Outreach and Education Campaign Committee, community organizations and local governmental groups, and by recent focus groups conducted by Kaiser Family Foundation that identify schools as “a trusted setting” for outreach.

To respond to this need for increased involvement with schools, DHS and MRMIB asked DHS' Comprehensive School Health Program to develop a *School Outreach Plan*. Because of California's large school-aged population (5.6 million students in public schools), extensive number of school districts (999) and vast number of schools (7,800), a systems approach to reaching school-affiliated groups was chosen as being most effective. The *Plan* was designed to target leadership in state-level school-affiliated associations, organizations and agencies to actively promote HFP/MCC to their membership. Their membership will, in turn, encourage enrollment of eligible families. This approach will also allow for the needed flexibility, which is necessary, given that California's school are locally controlled.

The *School Outreach Plan* reflects input from key individuals and organizations from the public, private and non-profit sectors. Some of the groups conferred with during the development of the plan included: the Governor's Child Development and Education Office, the State Board of Education, the Healthy Families and Medi-Cal Outreach and Education Campaign Committee, California Department of Education (CDE), local-level Healthy Start sites, Los Angeles County Office of Education, Los Angeles Unified School District, San Bernardino County Superintendent of Schools, American Academy of Pediatrics, and California School Nurses Organization.

In carrying out the *Plan*, the California School Health Program, together with other DHS and MRMIB staff, will meet with key stakeholders and begin to carry out the strategies identified to promote HFP/MCC to the target groups. Examples of the target groups identified include:

- Selected CDE programs such as Healthy Start; Child Nutrition Programs; Title I Schools; Head Start, Migrant Head Start, Indian Head Start and Early Head Start; and CDE subsidized child care centers;
- California School Board Association;
- California County Superintendents Educational Services Association;
- Association of California School Administrators;
- Parent Teachers Association;
- California School Nurses Organization;
- California Association of School Business Officials;
- California Association of School-based and School-linked Health Programs;

- School mental health practitioners via UCLA School Mental Health Project; and
- California Teachers Association.

Direct Mailing on HFP/Medi-Cal for Children to California's Principals

In July 1998, as part of *the School Outreach Plan*, a direct mailing was sent to California's 7,000 principals and 1,058 superintendents. This resulted in significant action at school sites to promote and increase awareness of HFP/MCC among California's families. The mailing included a letter co-signed by S. Kimberly Belshé, former Director of DHS; Delaine Eastin, State Superintendent of Schools; and Sandra Shewry, Executive Director of MRMIB. The mailing encouraged principals to play an important role in helping parents access affordable health care coverage by:

- including HFP enrollment information in back-to-school packets and at back-to-school nights;
- displaying HFP posters and information at schools; and
- designating staff or request others to assist in enrolling children.

The principals' packets included camera-ready promotional materials. A mechanism was set up to provide bulk copies in 10 languages for schools needing assistance in reproducing parent materials. *Over 230 schools/school districts requested approximately 215,000 parent information sheets.* These numbers *do not* reflect those schools and districts that duplicated and distributed the materials to families on their own, without state assistance.

David and Lucille Packard Foundation Grant

Following the development of the *School Outreach Plan*, the David and Lucille Packard Foundation invited DHS to submit a proposal to carry out the *Plan*. DHS was awarded funding at approximately \$200,000 for one year, beginning January 1, 1999, with possible renewal for a second year. The Packard Foundation Grant gives DHS the ability to dedicate staff time to state-level school outreach efforts for HFP/MCC.

Successful Outreach/Enrollment Strategy

- Alum Rock Union Elementary School District in Santa Clara County held its first

“Healthy Families Day” event. While the goal was to provide enrollment assistance to 100 - 150 families, the event sponsored by 13 organizations was *successful in enrolling 209 families (489 children)*. Partners in the event included the Milpitas Unified School District, Santa Clara Family Health Plan, and several local hospitals, CBOs, and community clinics. Senator Liz Figueroa was an active supporter and attended the event. An additional 44 individuals volunteered child care and support to families. School buses made multiple stops throughout the day to provide families with transportation.

- Efforts have been made to replicate this model. On February 27, 1999, a similar event was conducted in Gilroy, California. Estimates show that *between 200 to 300 children were enrolled* during the event

Linking with School Nutrition Program’s Free and Reduced Price Meal Application

Many children eligible for the School Nutrition Program’s Federal Free and Reduced Price Meals are also eligible for HFP/MCC. Furthermore, most parents of low-income households are familiar with the School Nutrition Program and view the program as one they can trust. This combination makes the School Nutrition Program an ideal venue for outreach. As a result, DHS’ Comprehensive School Health Program is working in collaboration with the CDE School Nutrition Program, MCC, MRMIB, and Consumers Union to send a direct mailing to all school district Food Service Directors (approximately 1,000) in California. The mailing includes:

- A letter that urges Food Service Directors to inform parents about HFP/MCC.
- A Parental Information Request form (English- and Spanish-language) to be included as part of the School Nutrition Program application. The Information Request form allows parents the opportunity to obtain information about the state’s low-cost and no-cost health insurance for children. Parents will complete and return the form to the school which then is forwarded to DHS. DHS will then mail those parents a HFP/MCC application. Parents are also advised that they may call the state’s toll-free number instead for an application or free assistance.

Presentations will be conducted at the California School Food Services Association meeting to urge the support and participation of Food Service Directors. The targeted mailing date to Food Service Directors is April 1, 1999. See Exhibit 11 for additional school outreach activities.

FEDERAL OUTREACH EFFORTS

There are several outreach efforts initiated by the federal government that are designed to increase enrollments in the state's children's health insurance programs (SCHIP) and Medicaid. These include collaboration with federal agencies that have direct daily contact with targeted populations, as well as nationally sponsored outreach messages.

Other federal agencies: Social Security Administration (SSA), Internal Revenue Service (IRS), Housing and Urban Development (HUD)

Facilitated by the Health Care Financing Administration (HCFA), DHS has provided overviews of HFP/MCC and distributed collateral marketing materials to the Volunteer Income Tax Assistance (VITA) coordinators at IRS training sessions in northern California.

DHS had collateral marketing materials sent to the Los Angeles District office of IRS to be distributed at Earned Income Credit (EIC) Tax Fairs throughout southern California. DHS is completing an agreement with the IRS to distribute a HFP flyer to all taxpayers in California who received the EIC last year.

DHS, MRMIB and RHA staff made a HFP/MCC presentation late in 1998 in Richmond, California to HCFA and SSA staff and has made arrangements with HUD and the SSA to have HFP and MCC collateral marketing materials distributed at all HUD and SSA offices in California.

Additionally, HCFA and other partners have developed English and Spanish language television and radio advertisements that may be aired as either paid advertising or PSAs. These advertisements have been distributed to states to enhance outreach efforts and limited budgets.

OUTREACH EFFORTS BY THE NATIONAL GOVERNOR'S ASSOCIATION (NGA)

To support and promote the states' efforts to publicize the new (Title XXI) SHIP and expansions in Medicaid for children, the NGA launched a national outreach campaign and toll-free hotline. California's HFP/MCC campaign outreach messages have been supplemented by this national outreach effort. The national campaign's messages promote the availability of free and low-cost children's health insurance.

This campaign is sponsored by the NGA, in collaboration with states, the White House, HCFA and other partners. The national campaign, entitled INSURE KIDS NOW, launched February 23, 1999, during a press conference at the White House.

English and Spanish radio ads feature the line, "Insure your kids now, call 1-877- KIDS NOW, 1-877-543-7669." This national toll-free number automatically connects Californians to the HFP and MCC toll-free information service (1-888-747-1222). Radio messages began playing in selected markets (Los Angeles, San Francisco, and San Diego) in California during March 1999. Additional national outreach efforts, such as television PSAs are planned to air statewide throughout the year.

All costs associated with the national radio advertisements and any telephone calls from California which are placed to the national toll-free line will be paid by NGA and its partners.

1998-1999 EDUCATION CAMPAIGN

Overview

The primary purpose of the education component of the HFP/MCC education and outreach campaign is to build public awareness about the availability of low-cost and no-cost health insurance coverage for children, and to promote a call-to-action through media and advertising, public relations, community events, and collateral marketing materials.

One of the most direct indicators of the success of the activities under the education component is the volume of calls to the toll-free lines. The toll-free lines are routinely monitored to evaluate any required modifications to the education component of the campaign and to guide or modify future campaign activities.

All campaign education materials and activities are designed to generate public awareness of HFP/MCC, and consistently promote the toll-free number. In the toll-free telephone line section of this report, a chart is provided that displays call volume and the stimulus for calls as reported by callers. Call volume routinely peaks during active advertising weeks in response to television or radio news stories, and/or radio interviews and talk shows about HFP/MCC.

Advertising and Media

The campaign's momentum has increased considerably since October 1998, due in part to the success of its advertising and media coverage. They generated not only broad-based public awareness of the new health care programs, but they also prompted a very high response to the campaign's toll-free phone line. Although a formal evaluation has not been conducted to assess the effectiveness of the campaign advertising, a key measure of its success is the high call volume to the toll-free line. As of February 1999, operators have responded to 247,000 calls. Additionally, when operators asked callers during the first six months of the campaign how they heard about the new program, nearly 28 percent of them identified advertising as the primary source.

A further indicator of advertising success is call volume during weeks when the campaign ads were aired. During campaign media weeks, calls increased to 2,000 per day, compared to non-media weeks that averaged 1,200 calls per day. Ad placement strategy was changed in January 1999 to reach an even higher proportion of working families with increased programming purchases that aired after 8 p.m. HFP enrollments reached over 13,000 per month in February 1999, another indicator that public awareness of HFP is on the rise, and momentum for the campaign is gaining.

The campaign's marketing strategy utilized general market advertising through television and radio messages to create overall visual and auditory recognition of HFP/MCC.

Messages were focussed on targeted populations, such as African-American families, monolingual Latinos, and Asian families, through a combination of mass media efforts.

Exhibit 12 provides a detailed description of each television and radio ad, including the targeted ethnic and language group, and the targeted market.

Ethnic Advertising

To ensure that advertising reached targeted ethnic groups, the campaign utilized contractors, multicultural and multiethnic consultants, and focus groups comprised of representative target populations. Ads were placed primarily on English- and Spanish-language television and radio programming to specifically reach lower-income, ethnically targeted populations.

While some advocates have expressed concerns about the cost effectiveness of the statewide advertising, DHS will be addressing these concerns through a variety of methods that include: 1) inviting advisory group members who are representative of the targeted populations to participate in the development and focus tests of ads to ensure cultural and ethnic sensitivity and effectiveness; 2) shifting of some statewide advertising dollars to community-based contracts for targeted, local advertising; 3) recruiting celebrity spokespersons and more corporate sponsors to heighten public awareness and increase enrollments; and 4) maintaining a statewide awareness of the programs.

Provided below is a summary of HFP/MCC ethnic advertising buy strategies and outcomes during the first six months of FY 1998-99:

Latinos: Television, radio, outdoor and print advertising have been used statewide to reach Latinos. Twenty percent of statewide media dollars have been dedicated to the Spanish-language media market. In Los Angeles, 28 percent of the population is Spanish-language dominant, and more than 29 percent of HFP/MCC campaign spending in Los Angeles has been in Spanish-language media. During the campaign's first six months, approximately 39 percent of the total broadcast advertising media delivery in the Los Angeles market was to Latinos (sources: Nielsen and Arbitron ethnic audience data). Additionally, 35 percent of all Los Angeles print and outdoor audiences reached were Latino. On a per capita basis, Latinos were over targeted with HFP/MCC advertising messages by at least six percent.

In addition, MRMIB bilingual English and Spanish staff participated in television and radio news interviews and talk shows focusing on the availability of HFP/MCC to heighten program awareness and increase enrollments. These programs aired throughout the state in densely populated Latino communities, such as Los Angeles, San Diego, the San Francisco Bay area, Fresno, and Bakersfield. These public relations efforts were highly successful in generating calls to the toll-free line requesting copies of the application and

more information about eligibility for HFP/MCC. Exhibit 13 provides a detailed list of the MRMIB bilingual English and Spanish interviews.

African-Americans: A mix of television, radio and print has been utilized to reach African-Americans statewide. Three percent of statewide media dollars have been directed to African-American newspapers; the general market placements have been predominantly in lower-income, ethnically skewed mediums and communities. For instance, HFP/MCC messages appeared throughout television programming with very high African-American audience skews, including *Martin*, *Living Single*, *Married with Children*, *Oprah*, *Montel Williams*, *Fresh Prince of Bel Air*, and *Soul Train*. In the first six months of the advertising campaign, approximately 17 percent of all broadcast media delivery in the Los Angeles media market was to African-Americans (sources: Nielsen and Arbitron ethnic audience data).

On a per capita basis, African-Americans were over targeted with HFP broadcast advertising messages by more than 68 percent. Additionally, 26 African-American newspapers have been featuring HFP/MCC advertising every month since September 1998.

Asians: Five Asian ethnicities have been targeted with in-language HFP/MCC print and outdoor advertising messages: Chinese, Cambodian, Vietnamese, Hmong and Lao. More than four percent of the media budget has been dedicated to this effort on 60 billboards and in 15 newspapers statewide. Broadcast delivery to Asians is not available from either Nielsen or Arbitron. It was initially estimated that the five targeted Asian ethnicities comprise approximately six percent of the total HFP/MCC target audience.

Outdoor Billboards and Print Ads

Ethnic advertising strategy was based on reaching the targeted populations with the available advertising budget. Print ads and outdoor advertising were selected as the most cost effective and efficient advertising strategy to reach targeted ethnic groups based on population and geographic cluster areas of the state. As discussed above, in the television and radio advertising section, the Runyon, Saltzman & Einhorn (RS&E) contract requires the contractor to negotiate a minimum of 30 percent bonus weight for promotional media. As a result of the contractor's negotiations, the campaign has received bonus advertising and added-value in the form of reduced outdoor and print rates and extended editorial coverage in the ethnic newspapers.

Research Consultants

As previously described, the contractor team is comprised of subcontractors and consultants who participate in the development and production of all advertising, media

buying and ad placement. The contractor team includes representatives of the Latino, African-American, Asian, and Native American communities.

Another integral phase of creative material development is focus group testing to assess reactions to creative materials in order to refine messages and strategies for key target populations. A total of eight formal focus groups were conducted prior to production of the campaign advertising.

Four focus groups were held in northern California and four were held in southern California. Communications Sciences Group, an independent research firm, recruited and facilitated the eight sessions.

Demographics of the focus groups were:

- 1) Four groups of adults, 18 - 49 years of age, mixed ethnicity, English-speaking, and
- 2) Four groups of adults, 18-49 years of age, Latino-only, Spanish-speaking.

Each of the four groups had two subgroups of respondents with family income up to 100 percent FPL, and two subgroups of respondents with family income of 101 to 200 percent FPL.

Additional informal focus group testing was conducted with community leaders and influencers representing Chinese, Vietnamese, Lao, Cambodian, Hmong, Russian, Farsi, Armenian, Latino and African-American target audiences.

Emphasis of the testing was placed on whether the respondents understood the messages and found the messages motivating, compelling and believable. Emphasis on testing collateral marketing materials was placed on usefulness, appropriateness, readability, size appropriateness and an appearance that is consistent with other campaign materials.

Change in Target Audience for Media Buys

At the launch of the media campaign in July 1998, television and radio advertising buys were targeted to women, 18 - 49 years of age, who were responsible for the family's health care decisions. For the first quarter of 1999, the general market advertising buying strategy was revised to focus on working women, 18 - 49 years of age, to ensure that women who work during the traditional 8:00 a.m. to 5:00 p.m. hours were reached. As a result, there has been a change in both the types of programming and the time slots that were purchased. For example, the previous buy purchased more FOX, WB, and UPN programs, while the working woman buy focuses more on affiliate programming broadcast on NBC, ABC, and CBS.

Community Advertising Requests

The campaign advertising has been well-received in the community and DHS has received many requests for copies of the ads to be shown at schools, community meetings, clinics, church groups, youth groups, and PTAs. At the request of the Healthy Families/Medi-Cal Outreach and Education Campaign Committee, the campaign has submitted a letter to the Screen Actors' Guild and the American Federation of Television and Radio Artists seeking a waiver from talent fee and residual payments for use in manners other than paid broadcasts. DHS is awaiting their response.

Public Relations

The public relations function is managed under the RS&E contract by Hill & Knowlton (H&K). The primary purpose of the public relations component of the campaign is to educate the public about HFP/MCC. This is achieved through geographically and culturally diverse local community events that generate local media attention for the campaign, special market projects to reach out to the multicultural communities, with an emphasis on the Latino community, and cross-cultural and ethnic-specific initiatives.

The campaign's media relations program generates accurate news coverage on an ongoing basis in a variety of mainstream and multicultural outlets. There is an emphasis on major daily newspapers and the Hispanic media. Key messages are communicated primarily through trained state spokespersons and credible third party endorsers who regularly participate in radio interviews.

Corporate sponsorship alliances and endorsements from media celebrities and community spokespersons is another component of the public relations program that increases awareness and supports increased enrollments. The HFP/MCC education and outreach campaign has built an impressive sponsor base since its launch. The 20 current or committed sponsorships provide added value and visibility to the campaign as well as reinforcement of other outreach efforts by allowing for distribution of campaign collateral marketing materials, and the display of HFP/MCC messages to both the target population and community leaders.

A variety of pro bono spokespersons were featured at the June 1998 launch. During FY 1999-2000, the campaign needs to develop celebrity spokespersons for, at minimum, the African-American and Latino target populations.

Details of the FY 1998-99 public relations activities, spokespersons, and sponsorships are described in Exhibits 14, 15, 16.1, 16.2, and 16.3, respectively.

Mass Mailing to Influentials

A statewide mailing addressed to approximately 3,800 elected officials and community and religious leaders is scheduled for distribution this spring. The letter will be signed by California Health and Human Services Agency Secretary Grantland Johnson. The mailer provides information about the HFP/MCC campaign and enlists the involvement and support of key influencers.

Collateral Marketing Materials

A variety of collateral marketing materials in ten threshold languages support the CBO, public relations/media activities, sponsorship, and spokesperson efforts to further reach the targeted populations.

Like the advertising component, all media relations, public relations activities, and collateral marketing materials are designed to stimulate calls to the state's toll-free phone lines and further the goal of increasing enrollments.

Exhibit 17 provides a detailed description of the collateral marketing materials.

EXHIBITS

PROGRAM ELEMENTS

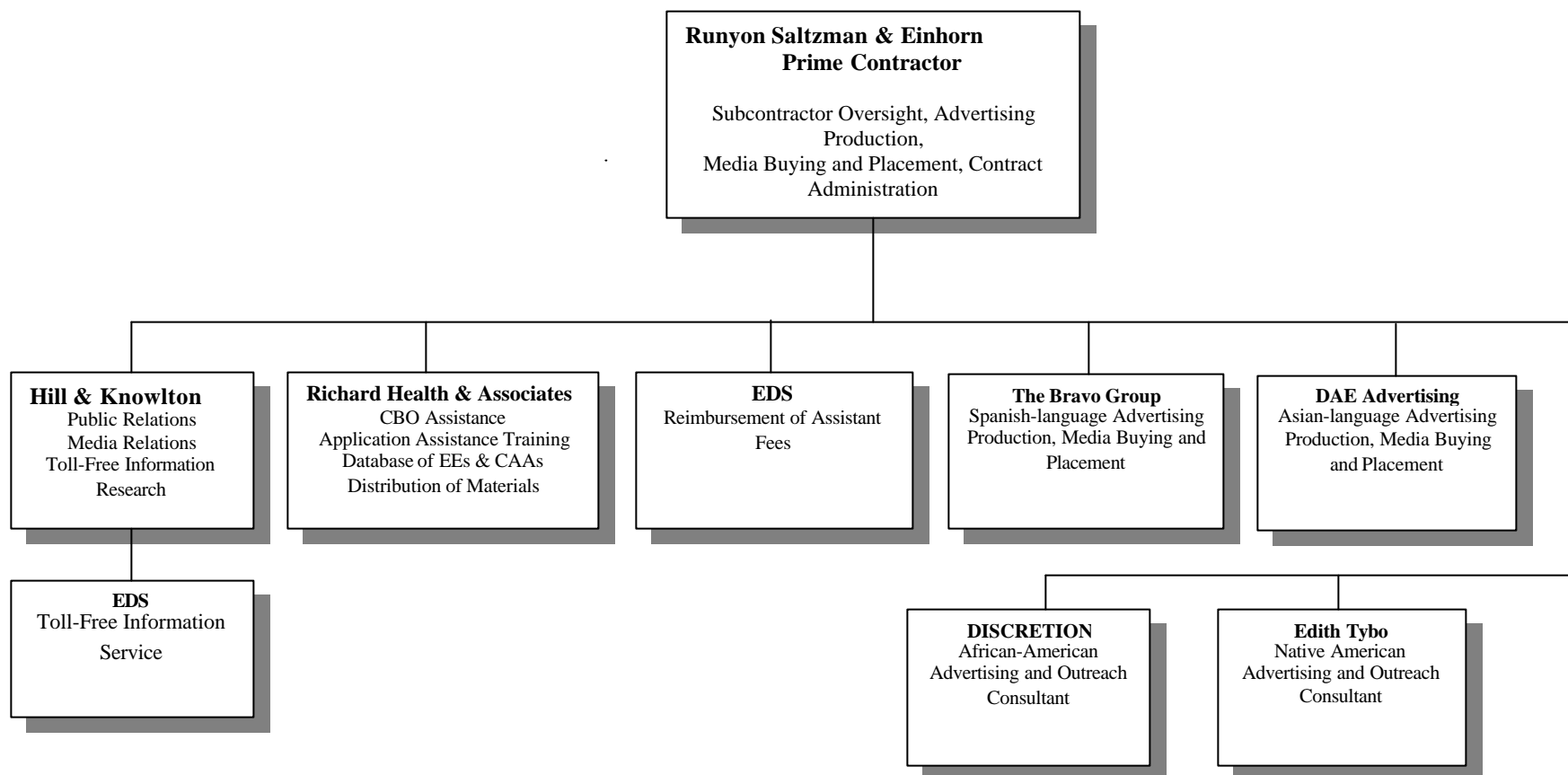
Healthy Families Program (HFP)		No-Cost Medi-Cal for Children (MCC)
Age	1 through 18 years of age. Birth certificate or proof of qualified immigrant status required.	Birth through 18 years of age.
Income Limits	Up to 200% of the federal poverty level based on family size and gross family income. Children must not be eligible for no-cost Medi-Cal.	Varies from 100% to 200% of the federal poverty level based on a child's age, depending on the number of persons in the family.
Income Deductions	Not entitled to income deductions when determining eligibility.	Entitled to federal and state mandated income deductions.
Resources	Family resources not considered for eligibility.	Family resources not considered for eligibility.
Social Security Number	Not required. Federal law prohibits states from requiring an SSN of applicant.	Required when full-scope benefits are requested. Restricted services are provided if applicant does not provide SSN.
Residency	California resident not in jail or mental hospital.	California resident, not in jail, prison, or any other public institution.
Citizenship or Alienage	<ul style="list-style-type: none"> • U.S. Citizens • Nationals • Eligible Qualified Immigrants. 	<ul style="list-style-type: none"> • U.S. Citizens • Nationals • Eligible Immigrants <p>All immigrants who meet basic eligibility requirements are eligible for either full or restricted Medi-Cal benefits, depending upon their immigration status.</p>
Benefits	Low-cost comprehensive health, dental and vision.	No-cost comprehensive health, dental, and vision; or no-cost restricted services, if not eligible for full benefits.

PROGRAM ELEMENTS

(Continued)

Healthy Families Program (HFP)		No-Cost Medi-Cal for Children (MCC)
Premiums	Low monthly premiums: \$4 to \$9 for each child up to a maximum of \$27 for all children in a family, based on family size, family income, and type of plan chosen.	None.
Copay	A low \$5 co-payment for non-preventive services. No co-payment for preventive services.	No co-payments for children.
Other Health Coverage	Not eligible for HFP if, in the previous 3 months, was covered by employer-sponsored health plan, or is currently eligible for CalPERS health benefits.	Coverage under another health insurance plan does not affect Medi-Cal eligibility.
Continuation of Coverage	Not applicable.	One month of continued no-cost coverage for children who change from no-cost Medi-Cal to share-of-cost Medi-Cal and who appear to qualify for HFP. This "bridge" provides time for the family to apply for HFP.
Estimated Number of Eligibles	328,000	788,000

Healthy Families and Medi-Cal for Children Education and Outreach Contractual Relationships



Healthy Families Program and Medi-Cal for Children

INS Fact Sheets

(English and Spanish)



The California Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814
(916) 324-4695 FAX: (916) 324-4878

Board Members
Tai Finney, Chairman
Soap Dowell
Sandra Hernandez, M.D.

January 29, 1999

RE: Immigration Related Policies of the Healthy Families Program

This letter is designed to help families understand the relationship of immigration issues and the Healthy Families Program. It is based on the best available information that is known today.

Eligibility & Enrollment

The State of California encourages all families to enroll their eligible children in the Healthy Families Program.

Children eligible for the Healthy Families Program include:

- US citizen and non-citizen national children, and
- Qualified alien children. In general, qualified alien children are those legal immigrant children who entered the U.S. prior to August 22, 1996.

Legal immigrant children who entered the country after August 22, 1996 are not eligible for the Healthy Families Program until they have been in the United States for five years. There are several exceptions to the five-year rule. These exceptions are listed in the Healthy Families Program Handbook. For more information on Healthy Families Program eligibility, please call toll free 1-800/880-5305.

Collection and Sharing of Information on Immigration Status

Children: The Healthy Families Program requests information on the citizenship and immigration status of children applying to the program. This information is collected to be sure that children are eligible for the program. There are only two circumstances in which this information could be given to the Immigration and Naturalization Service (INS): to verify the eligibility of immigrant children or in the course of conducting fraud investigations.

Parents or Guardians: The Healthy Families Program does not collect information on the parents of children enrolled in the program. Parents (or others) applying for Healthy Families Program benefits on behalf of a child are not asked to provide their citizen or immigration related information.

The Healthy Families Program does **not** collect information on the immigration status of parents or guardians. The Healthy Families Program can not and will not provide information on the immigration status of parents to the INS.

Repayment of the Costs of Lawfully Received Benefits

The Healthy Families Program **will not use immigration information** to ask families for repayment of any of the costs of lawfully received benefits under the Healthy Families Program.

INS Determinations of Public Charge

The Healthy Families Program has received requests from many organizations asking for clarification of whether immigrant families should fear actions by the INS if they enroll their children in the Healthy Families Program. These fears are based on the possibility of the INS determining that a member of the family is a "public charge" or using information in "sponsorship determinations" if they enroll their children in the Healthy Families Program.

The State of California is continuing to ask the INS and other federal agencies to issue clear and comprehensive written policies on public charge issues.

Public charge is not an issue if:

- You are applying to become an U.S. citizen.
- You are applying for asylum or have been granted asylum.
- You are a refugee.
- You are a registry applicant (a person who has been in the U.S. continuously since before 1972).

Families that are concerned about immigration issues or that might want to be a sponsor should consider consulting an immigration attorney, legal services office, or immigration rights organization prior to enrolling their children in the Healthy Families Program.



The California Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814
(916) 324-4695 FAX: (916) 324-4878

Board Members
Tai Finney, Chairman
Soap Cowell
Sandra Hernández, M.D.

29 de enero 1999

Política de Inmigración del Programa Healthy Families

Esta carta se ha diseñado para ayudar a las familias a entender la relación entre los problemas de inmigración y el Programa Healthy Families. Se basa en la mejor información que está disponible hoy.

Calificación y Matrícula

El estado de California recomienda que todas las familias registren a sus niños que califiquen para el Programa Healthy Families.

Los niños que califican para el Programa Healthy Families incluye:

- Niños ciudadanos y nacionales de los EE.UU., y
- Niños extranjeros calificados. Generalmente, los niños extranjeros que califican son esos niños inmigrantes que entraron a los EE.UU. antes del 22 de Agosto de 1996.

Los niños inmigrantes legales que entraron al país después del 22 de Agosto de 1996 no califican para el Programa Healthy Families hasta que hayan cumplido cinco años en los EE.UU. Hay algunas excepciones para esta norma de cinco años. Las excepciones se explican en el Manual del Programa Healthy Families. Para más información llame gratis al 1-800/880-5305.

Colección y Distribución de Información Sobre Estado Inmigratorio

Niños: El Programa Healthy Families requiere información sobre la ciudadanía y estado migratorio de los niños que soliciten el programa. Existen solamente dos situaciones en las cuales esta información se podría compartir con el Servicio de Inmigración y Naturalización (siglas en inglés INS): para verificar el estado calificado de los niños inmigrantes o para conducir investigaciones de fraude.

Padres o Padres de Crianza: El Programa Healthy Families no pide información sobre los padres de los niños matriculados en nuestro programa. Los padres (u otros) que soliciten los beneficios del Programa Healthy Families a favor de sus niños no se les pide que proveen información sobre su propio estado migratorio.

El Programa Healthy Families no pide información sobre el estado migratorio de los padres y los padres de crianza. El Programa Healthy Families no puede y no dará información al INS sobre el estado migrante de los padres.

Reembolso por los Costos de Beneficios Recibidos Legalmente

El Programa Healthy Families no utilizará información inmigratoria para pedir el reembolso por el costo de cualquier beneficio que se haya recibido legalmente bajo el Programa Healthy Families.

Determinación de Carga Pública por el INS

El Programa Healthy Families ha recibido peticiones de muchas organizaciones preguntando que se aclare si las familias inmigrantes deben temer represalias del INS si ellos registran a sus niños en el Programa Healthy Families. Estos temores se basan en la posibilidad del que el INS determine que un miembro familiar es una "carga pública" o utilice información en "decisiones de patrocinamiento" si ellos registran a sus niños en el Programa Healthy Families.

El estado de California continua preguntando al INS y a otros ministerios federales que establezcan por escrito políticas claras y completas sobre la cuestión de carga pública.

Carga Pública no es una cuestión si:

- Usted está solicitando el hacerse ciudadano EE.UU.
- Usted está solicitando asilio o se le ha otorgado asilio.
- Usted es un refugiado.
- Un solicitante registrado (una persona que ha estado continuamente en EE.UU. desde o antes de 1972)

Las familias que tienen dudas sobre cuestiones de inmigración o quienes desean patrocinar deben consultar un abogado de inmigración, una oficina de servicios legales, o una organización sobre derechos de inmigración antes de matricular a sus niños en el Programa Healthy Families.

DEPARTMENT OF HEALTH SERVICES

714744 P STREET

P. O. BOX 942732

SACRAMENTO, CA 94234-7320

GRAY DAVIS, Governor



January 29, 1999

To: Persons Interested in Medi-Cal for Children and Pregnant Women

Re: Immigration Related Policies of Medi-Cal for Children and Pregnant Women

This letter is designed to help families understand the relationship of immigration issues and the Medi-Cal Program. It is based on the best available information that is known today.

Eligibility & Enrollment

No matter what you or your child(ren)'s immigration status is, you or your child(ren) may be eligible for some level of Medi-Cal coverage if you or your child(ren) meet other eligibility requirements. For example, prenatal care and emergency services (including labor and delivery) are available regardless of immigration status.

- Regardless of your immigration status, your child may be able to get full scope Medi-Cal coverage if your child is a citizen or has a satisfactory immigration status and is otherwise eligible.
- This is true even if the child came to California after August 22, 1996.

All families are encouraged to enroll their eligible children in Medi-Cal. Adult family members and pregnant women are also encouraged to enroll in Medi-Cal.

Collection and Sharing of Information on Immigration Status

Medi-Cal requests information on immigration status only about the person who wants to receive services. Immigration status information is confidential. However, it will be released as provided below.

This means that if only your child(ren) will be receiving services, Medi-Cal will ask for information about your child(ren)'s immigration status, but **not** about your immigration status. The information is collected to be sure your child(ren) are eligible for the program. There are only two circumstances in which information about immigration status will be given by Medi-Cal to the Immigration and Naturalization Service: for determination of Medi-Cal eligibility (except when you or your children are requesting prenatal or emergency services) and in the course of conducting a fraud investigation.

The Medi-Cal Program does not collect information on the immigration status of parent/guardians who are not seeking Medi-Cal services for themselves. The Medi-Cal Program cannot and will not provide information on the immigration status of such parents to the INS.

Repayment of the Costs of Lawfully Received Benefits

Medi-Cal will not use immigration information to demand or collect repayment from recipients for services lawfully received.

INS Determination of Public Charge

Medi-Cal has received requests from many organizations asking for clarification of whether immigrant families should fear actions by the INS if they enroll their children in Medi-Cal. These fears are based on the possibility of the INS determining that a member of the family is a "public charge" or using information in "sponsorship" determinations.

The State of California is continuing to ask the INS and other federal agencies to issue clear and comprehensive written policies on these issues.

Public charge is not an issue if:

- You are applying to become an U.S. citizen.
- You are applying for asylum or have been granted asylum.
- You are a refugee.
- You are a registry applicant (a person who has been in the U.S. continuously since before 1972).

Families that are concerned about immigration issues or that might want to be a sponsor should consider consulting an immigration attorney, legal services office or immigration rights organization prior to applying for Medi-Cal.

DEPARTMENT OF HEALTH SERVICES

714/744 P Street

P.O. Box 942732

Sacramento, CA 94234-7320



29 de Enero de 1999

A Personas interesadas en Medi-Cal Para Niños y Mujeres Embarazadas

Política de Inmigración Relacionada a Medi-Cal Para Niños y Mujeres Embarazadas

Esta carta está diseñada para ayudar a familias a entender la relación entre cuestiones de inmigración y el Programa de Medi-Cal. Se basa en la mejor información que está disponible hoy.

Calificación y Matrícula

No importa cual sea el estado inmigrante de usted y su(s) niño(s), usted o su(s) niño(s) pueden calificar para ciertos servicios de Medi-Cal si usted o su(s) niño(s) llenan otros requisitos de calificación. Por ejemplo, el cuidado de embarazo y servicios de emergencia (incluyendo el parto) están disponibles sin considerar su estado inmigratorio.

- Sin considerar su estado inmigratorio, su niño puede recibir la cobertura completa de Medi-Cal si su niño es un ciudadano o cumple con el estado de inmigración satisfactorio y llena los otros requisitos.
- Esto es cierto aún si el niño llegó a California después del 22 de agosto de 1996.

Se recomienda a todas las familias a que inscriban a sus niños que califican en Medi-Cal. A miembros adultos y mujeres embarazadas también se les recomienda que soliciten matriculación en Medi-Cal.

La colección y distribución de información sobre estado inmigratorio

Medi-cal solamente pide información sobre el estado inmigratorio de las personas que desean recibir servicios de Medi-Cal. Información sobre el estado inmigratorio es confidencial. Sin embargo, se distribuirá bajo las siguientes provisiones:

Esto significa que si usted o su(s) niño(s) recibe(n) servicios, Medi-Cal pedirá información sobre el estado inmigratorio de su(s) niño(s), pero no de su propio estado inmigrante. La información se requiere para asegurar que su(s) niño(s) califica(n) para el programa. Existen solamente dos situaciones en las cuales Medi-Cal dará información sobre estado inmigratorio al Servicio de Inmigración y Naturalización (siglas en inglés INS): para determinar si califica para Medi-Cal (excepto cuando usted o su(s) niño(s) solicita(n) servicios para cuidado de embarazo o atención de emergencia) y para conducir investigaciones de fraude.

El Programa Medi-Cal no pide información sobre el estado inmigratorio de los padres o padres de crianza que no solicitan los servicios de Medi-Cal para si mismos. El Programa de Medi-Cal no puede y no dará información al INS sobre el estado inmigrante de tales padres.

Reembolso por los Costos de Beneficios Recibidos Legalmente

Medi-Cal no utilizará la información inmigratoria para exigir o coleccionar el reembolso de beneficios recibidos legalmente por los beneficiados.

Determinación de Carga Pública por el INS

Medi-Cal ha recibido peditos de muchas organizaciones que preguntan que se aclare si las familias deben temer represarias del INS si inscriben a sus niños en Medi-Cal. Estos temores se basan en la posibilidad de que el INS determine que un miembro familiar es una "carga pública" o utilice información en "decisiones de patrocinamiento."

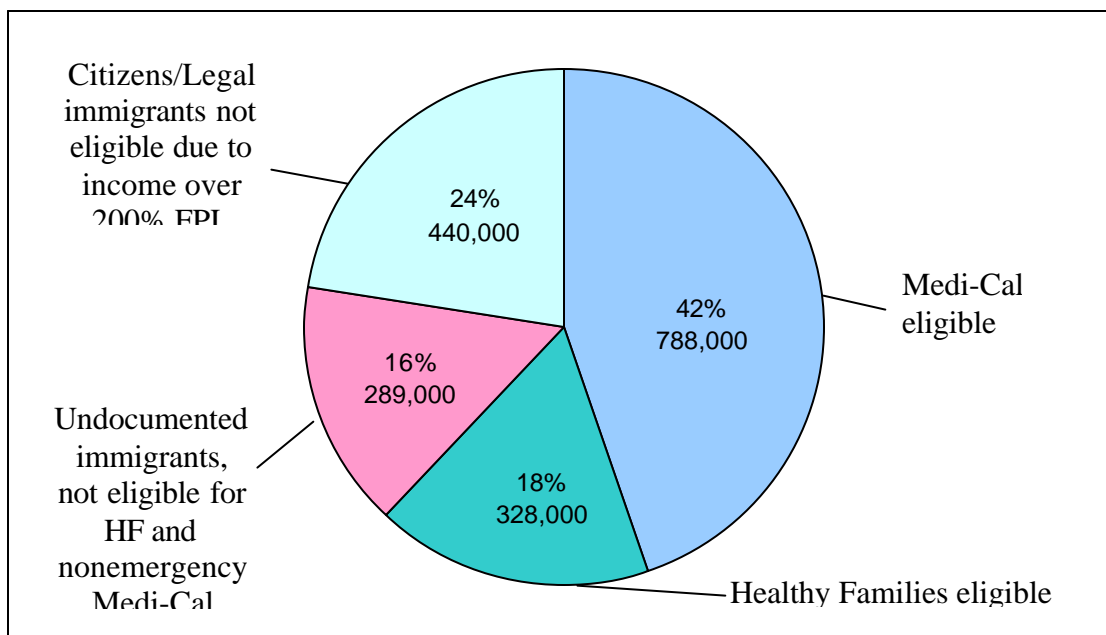
El estado de California continua preguntando al INS y otros ministerios federales que establezcan por escrito políticas claras y completas sobre estas cuestiones.

Carga Pública no es una cuestión si:

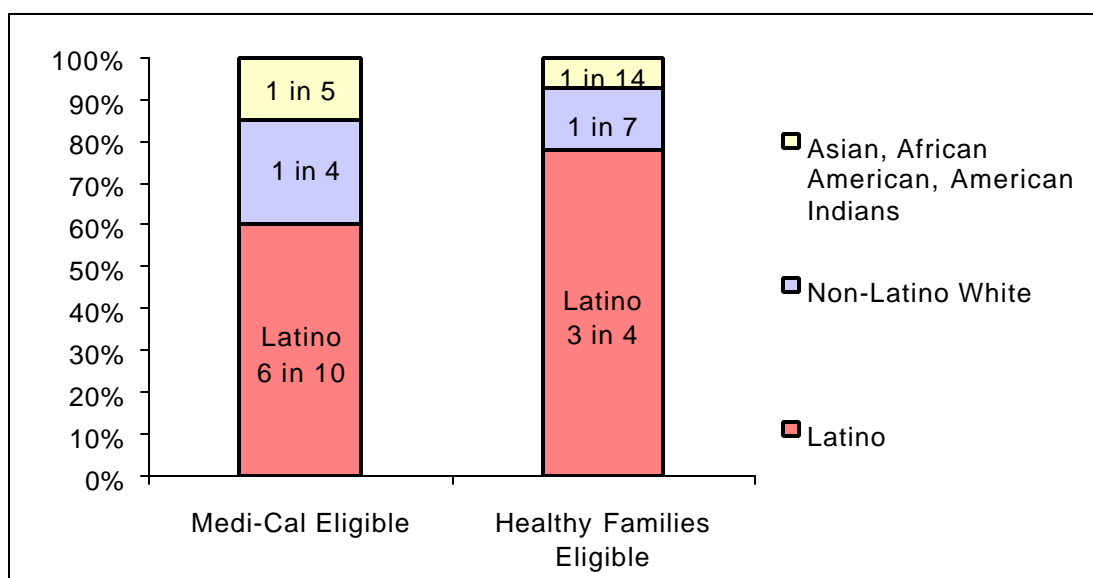
Usted está solicitando el hacerse ciudadano de los EE.UU.
 Usted está solicitando asilio o se le ha otorgado asilio.
 Usted es un refugiado
 Usted es un solicitante registrado (una persona que ha estado continuamente en los EE.UU. desde o antes de 1972)

Las familias que tienen dudas sobre cuestiones de inmigración o quienes desean patrocinar deben consultar un abogado de inmigración, una oficina de servicios legales, o una organización sobre derechos de inmigración antes de matricular a sus niños en el Programa de Medi-Cal.

Eligibility of Uninsured Children for No-cost Medi-Cal and Low-cost Healthy Families Program, Ages 0-18, California

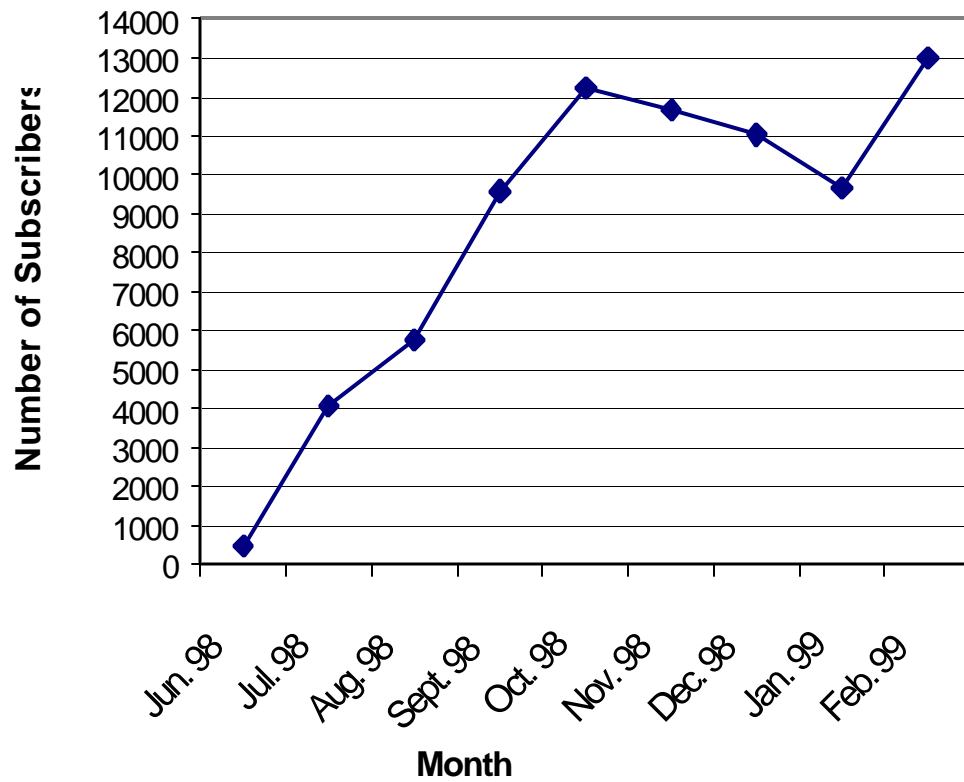


Uninsured Children Eligible for Medi-Cal and the Healthy Families Program by Ethnic Group, Ages 0-18, California



Source: March 1998 Current Population Survey as in the State of Health Insurance in California, 1998 by UCLA.

Healthy Families Program Statewide Monthly Total Subscribers Enrolled



Source: MRMIB's HFP Monthly Enrollment Report, data as of 3/6/99.

Healthy Families Program Subscribers Enrolled by County

County	Currently Enrolled		New Subscriber Enrollment										Last 12 Months Total
	#	%	Jun 98	Jul 98	Aug 98	Sep 98	Oct 98	Nov 98	Dec 98	Jan 99	Feb 99	Mar 99	
Alameda	2,148	2.59%	14	179	174	313	420	267	295	214	222	103	2,201
Alpine	0	0.00%	0	0	0	0	0	0	0	0	0	0	0
Amador	93	0.11%	0	3	3	14	16	24	8	8	11	6	93
Butte	670	0.81%	2	44	31	73	122	74	86	70	124	54	680
Calaveras	122	0.15%	2	6	9	10	17	29	16	18	6	13	126
Colusa	157	0.19%	0	7	12	21	15	27	23	17	28	10	160
Contra Costa	919	1.11%	0	28	65	105	133	131	140	113	154	63	932
Del Norte	58	0.07%	0	0	2	7	9	14	4	2	20	0	58
El Dorado	351	0.42%	0	16	31	36	32	70	62	34	50	25	356
Fresno	2,343	2.83%	5	112	157	262	407	352	307	261	397	136	2,396
Glenn	204	0.25%	0	12	3	9	37	41	26	21	34	21	204
Humboldt	404	0.49%	2	16	30	48	81	88	59	31	32	25	412
Imperial	802	0.97%	0	85	104	149	110	91	81	64	99	34	817
Inyo	40	0.05%	0	3	2	0	7	14	6	3	3	2	40
Kern	2,087	2.52%	7	149	205	289	315	296	221	190	339	144	2,155
Kings	393	0.47%	0	12	19	21	41	66	50	58	88	45	400
Lake	158	0.19%	0	5	10	18	21	35	23	27	15	7	161
Lassen	64	0.08%	0	5	7	5	9	15	4	7	3	9	64
Los Angeles	24,491	29.55%	125	901	1,553	2,570	3,323	3,596	3,548	2,885	4,049	2,261	24,811
Madera	422	0.51%	2	12	12	65	48	63	60	61	66	38	427
Marin	311	0.38%	7	17	17	38	42	44	54	21	47	24	311
Mariposa	91	0.11%	0	9	14	15	16	10	14	7	6	2	93
Mendocino	267	0.32%	0	13	19	42	34	40	39	32	35	16	270
Merced	916	1.11%	3	42	42	131	143	140	136	108	125	60	930
Modoc	36	0.04%	0	2	3	3	12	4	5	2	3	2	36

Healthy Families Program Subscribers Enrolled by County

County	Currently Enrolled		New Subscriber Enrollment										Last 12 Months Total
	#	%	Jun 98	Jul 98	Aug 98	Sep 98	Oct 98	Nov 98	Dec 98	Jan 99	Feb 99	Mar 99	
Mono	29	0.03%	0	2	0	1	7	7	4	4	4	0	29
Monterey	1,178	1.42%	3	6	43	89	140	192	177	186	227	133	1,196
Napa	196	0.24%	0	8	9	14	31	35	28	22	32	23	202
Nevada	352	0.42%	0	13	12	52	67	51	39	48	47	27	356
Orange	5,973	7.21%	9	279	414	678	853	775	764	769	979	527	6,047
Placer	410	0.49%	1	9	34	34	66	62	61	48	73	25	413
Plumas	69	0.08%	2	2	8	7	19	12	8	7	4	2	71
Riverside	3,695	4.46%	1	95	254	400	519	510	459	498	680	326	3,742
Sacramento	1,940	2.34%	7	102	131	247	329	244	235	200	332	166	1,993
San Benito	277	0.33%	29	29	17	18	32	39	24	24	43	33	288
San Bernardino	4,549	5.49%	0	191	267	472	652	683	563	523	780	485	4,616
San Diego	4,919	5.93%	3	179	279	494	708	677	654	633	920	451	4,998
San Francisco	3,929	4.74%	97	516	530	664	512	498	403	282	349	134	3,985
San Joaquin	3,040	3.67%	82	296	237	341	507	335	397	350	367	203	3,115
San Luis Obispo	1,047	1.26%	0	50	107	157	183	119	133	101	154	60	1,064
San Mateo	569	0.69%	3	24	47	67	82	63	73	77	98	46	580
Santa Barbara	1,152	1.39%	2	38	43	164	187	200	157	150	145	82	1,168
Santa Clara	2,213	2.67%	3	62	116	278	365	256	307	297	368	205	2,257
Santa Cruz	639	0.77%	1	29	32	80	84	72	66	100	119	69	652
Shasta	1,070	1.29%	1	112	124	116	145	134	105	129	148	74	1,088
Sierra	10	0.01%	0	0	0	4	3	2	0	0	1	0	10
Siskiyou	181	0.22%	0	8	8	18	14	27	38	25	37	11	186
Solano	769	0.93%	5	22	41	83	146	145	91	118	87	43	781
Sonoma	644	0.78%	0	28	32	67	84	66	68	97	144	78	664
Stanislaus	1,261	1.52%	2	54	111	125	215	143	229	140	188	85	1,292

Healthy Families Program Subscribers Enrolled by County

County	Currently Enrolled		New Subscriber Enrollment										Last 12 Months Total
	#	%	Jun 98	Jul 98	Aug 98	Sep 98	Oct 98	Nov 98	Dec 98	Jan 99	Feb 99	Mar 99	
Sutter	361	0.44%	0	19	25	43	64	53	47	42	38	35	366
Tehama	267	0.32%	3	10	5	23	54	34	46	26	42	26	269
Trinity	116	0.14%	0	17	18	16	18	14	4	7	14	15	123
Tulare	1,351	1.63%	6	73	126	150	208	201	142	125	207	143	1,381
Tuolumne	231	0.28%	4	19	13	38	43	37	24	29	21	9	237
Ventura	2,371	2.86%	10	83	134	315	387	339	335	297	322	188	2,410
Yolo	362	0.44%	4	17	10	44	56	65	47	39	48	36	366
Totals	82,883	100%	447	4,073	5,760	9,575	12,221	11,648	11,016	9,666	12,990	6,853	84,249

Source: MRMIB's HFP Monthly Enrollment Report. Data as of 03/13/1999

Healthy Families Program Subscribers Enrolled by Ethnicity

Ethnicity	Currently Enrolled		New Subscriber Enrollment										Last 12 Months Total
	#	%	Jun 98	Jul 98	Aug 98	Sep 98	Oct 98	Nov 98	Dec 98	Jan 99	Feb 99	Mar 99	
White	16,933	20.43%	74	1,117	1,500	2,232	2,692	2,344	1,937	1,844	2,384	1,191	17,315
Hispanic/Latino	38,772	46.78%	135	1,261	1,924	3,889	5,143	5,433	5,543	5,005	7,152	3,846	39,331
Black/African American	2,782	3.36%	11	138	246	322	426	406	344	325	446	204	2,868
American Indian	310	0.37%	2	12	23	26	45	35	32	54	65	24	318
Alaskan-Native	6	0.01%	0	2	0	2	0	0	0	0	1	1	6
Asian/Pacific Islander	15,064	18.18%	203	1,330	1,659	2,229	2,385	2,101	1,739	1,221	1,557	836	15,260
Asian	1,512	1.82%	7	106	148	203	278	189	193	126	187	91	1,528
Filipino	652	0.79%	2	32	49	73	110	122	94	60	88	38	668
Amerasian	159	0.19%	1	22	9	38	12	23	15	20	18	8	166
Chinese	8,060	9.72%	133	724	902	1,249	1,283	1,083	907	613	795	456	8,145
Cambodian	160	0.19%	0	17	17	20	36	27	11	12	15	8	163
Japanese	86	0.10%	0	11	1	8	14	17	18	7	7	3	86
Korean	2,381	2.85%	45	269	331	316	316	338	253	180	227	103	2,378
Samoan	38	0.05%	0	4	6	4	10	13	1	3	6	0	47
Hawaiian	23	0.03%	0	4	0	1	3	5	3	4	0	4	24
Guamanian	15	0.02%	0	1	1	0	1	0	2	2	8	1	16
Laotian	108	0.13%	0	9	11	8	16	9	18	16	4	21	112
Vietnamese	1,890	2.28%	15	131	184	309	306	275	224	178	202	103	1,927
Asian Indian	284	0.34%	0	21	32	41	33	27	50	38	29	19	290
Not Given	8,732	10.54%	22	192	376	834	1,497	1,302	1,371	1,179	1,356	732	8,861
Totals	82,883	100%	447	4,073	5,760	9,575	12,221	11,648	11,016	9,666	12,990	6,853	84,249

Source: MRMIB's HFP Monthly Enrollment Report, Data as of 03/13/1999

Healthy Families Program Current Enrollment Distribution By Ethnicity By County
White, Latino, African American, Native American, and Alaskan Native

County/ Ethnicity	Total	White	Percent of County	Latino	Percent of County	African American	Percent of County	Native American	Percent of County	Alaskan Native	Percent of County
Alameda	2,148	210	9.78%	511	23.79%	216	10.06%	7	0.33%	0	0.00%
Alpine	0	0		0		0		0		0	
Amador	93	65	69.89%	11	11.83%	4	4.30%	6	6.45%	0	0.00%
Butte	670	446	66.57%	120	17.91%	8	1.19%	10	1.49%	0	0.00%
Calaveras	122	101	82.79%	2	1.64%	0	0.00%	1	0.82%	0	0.00%
Colusa	157	28	17.83%	118	75.16%	0	0.00%	0	0.00%	0	0.00%
Contra Costa	919	199	21.65%	366	39.83%	72	7.83%	1	0.11%	0	0.00%
Del Norte	58	38	65.52%	6	10.34%	0	0.00%	7	12.07%	0	0.00%
El Dorado	351	274	78.06%	30	8.55%	0	0.00%	6	1.71%	0	0.00%
Fresno	2,343	520	22.19%	1356	57.87%	69	2.94%	8	0.34%	0	0.00%
Glenn	204	36	17.65%	143	70.10%	1	0.49%	5	2.45%	0	0.00%
Humboldt	404	296	73.27%	25	6.19%	0	0.00%	15	3.71%	0	0.00%
Imperial	802	34	4.24%	502	62.59%	3	0.37%	0	0.00%	0	0.00%
Inyo	40	29	72.50%	2	5.00%	0	0.00%	1	2.50%	0	0.00%
Kern	2,087	648	31.05%	1094	52.42%	63	3.02%	10	0.48%	0	0.00%
Kings	393	101	25.70%	252	64.12%	17	4.33%	0	0.00%	0	0.00%
Lake	158	93	58.86%	26	16.46%	3	1.90%	9	5.70%	0	0.00%
Lassen	64	54	84.38%	1	1.56%	1	1.56%	0	0.00%	0	0.00%
Los Angeles	24,491	1931	7.88%	12701	51.86%	930	3.80%	23	0.09%	0	0.00%
Madera	422	123	29.15%	240	56.87%	8	1.90%	0	0.00%	0	0.00%
Marin	311	76	24.44%	190	61.09%	12	3.86%	0	0.00%	0	0.00%
Mariposa	91	74	81.32%	2	2.20%	0	0.00%	0	0.00%	0	0.00%
Mendocino	267	175	65.54%	45	16.85%	3	1.12%	9	3.37%	0	0.00%
Merced	916	155	16.92%	559	61.03%	19	2.07%	2	0.22%	0	0.00%
Modoc	36	27	75.00%	2	5.56%	0	0.00%	3	8.33%	0	0.00%
Mono	29	15	51.72%	13	44.83%	0	0.00%	0	0.00%	0	0.00%
Monterey	1,178	120	10.19%	917	77.84%	19	1.61%	1	0.08%	0	0.00%
Napa	196	78	39.80%	87	44.39%	0	0.00%	0	0.00%	0	0.00%
Nevada	352	298	84.66%	19	5.40%	3	0.85%	2	0.57%	0	0.00%
Orange	5,973	870	14.57%	2955	49.47%	65	1.09%	9	0.15%	0	0.00%
Placer	410	313	76.34%	27	6.59%	0	0.00%	9	2.20%	0	0.00%
Plumas	69	55	79.71%	3	4.35%	0	0.00%	3	4.35%	0	0.00%
Riverside	3,695	1018	27.55%	1950	52.77%	162	4.38%	7	0.19%	0	0.00%
Sacramento	1,940	841	43.35%	461	23.76%	118	6.08%	24	1.24%	0	0.00%
San Benito	277	19	6.86%	257	92.78%	0	0.00%	0	0.00%	0	0.00%
San Bernardino	4,549	1160	25.50%	2377	52.25%	274	6.02%	12	0.26%	0	0.00%
San Diego	4,919	1118	22.73%	2559	52.02%	228	4.64%	11	0.22%	1	0.02%

Healthy Families Program Current Enrollment Distribution By Ethnicity By County
White, Latino, African American, Native American, and Alaskan Native

County/ Ethnicity	Total	White	Percent of County	Latino	Percent of County	African American	Percent of County	Native American	Percent of County	Alaskan Native	Percent of County
San Francisco	3,929	53	1.35%	248	6.31%	25	0.64%	2	0.05%	0	0.00%
San Joaquin	3,040	630	20.72%	1567	51.55%	155	5.10%	20	0.66%	1	0.03%
San Luis Obispo	1,047	534	51.00%	382	36.49%	15	1.43%	8	0.76%	0	0.00%
San Mateo	569	62	10.90%	212	37.26%	31	5.45%	1	0.18%	0	0.00%
Santa Barbara	1,152	244	21.18%	737	63.98%	11	0.95%	1	0.09%	0	0.00%
Santa Clara	2,213	187	8.45%	1077	48.67%	43	1.94%	8	0.36%	0	0.00%
Santa Cruz	639	145	22.69%	427	66.82%	4	0.63%	0	0.00%	0	0.00%
Shasta	1,070	853	79.72%	53	4.95%	6	0.56%	13	1.21%	2	0.19%
Sierra	10	10	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	181	146	80.66%	16	8.84%	0	0.00%	4	2.21%	0	0.00%
Solano	769	236	30.69%	229	29.78%	106	13.78%	6	0.78%	0	0.00%
Sonoma	644	284	44.10%	231	35.87%	12	1.86%	7	1.09%	0	0.00%
Stanislaus	1,261	383	30.37%	642	50.91%	21	1.67%	10	0.79%	0	0.00%
Sutter	361	157	43.49%	114	31.58%	3	0.83%	4	1.11%	0	0.00%
Tehama	267	202	75.66%	38	14.23%	5	1.87%	0	0.00%	0	0.00%
Trinity	116	89	76.72%	11	9.48%	0	0.00%	6	5.17%	0	0.00%
Tulare	1,351	307	22.72%	909	67.28%	11	0.81%	2	0.15%	2	0.15%
Tuolumne	231	191	82.68%	12	5.19%	1	0.43%	0	0.00%	0	0.00%
Ventura	2,371	392	16.53%	1681	70.90%	32	1.35%	11	0.46%	0	0.00%
Yolo	362	96	26.52%	223	61.60%	2	0.55%	0	0.00%	0	0.00%
Yuba	166	94	56.63%	34	20.48%	1	0.60%	6	3.61%	0	0.00%
Unknown	0	0		0		0		0		0	
Totals	82,883	16,933	20.43%	38,772	46.78%	2,782	3.36%	310	0.37%	6	0.01%

Source: MRMIB's HFP Monthly Enrollment Report, data as of 3/13/99.

Healthy Families Program Current Enrollment Distribution By Ethnicity By County

Asian-Pacific Group

County/ Ethnicity	Asian Indian	Percent of County	Amerasian	Percent of County	Chinese	Percent of County	Japanese	Percent of County	Korean	Percent of County	Somoan	Percent of County	Hawaiian	Percent of County	Guamanian	Percent of County
Alameda	17	0.79%	6	0.28%	721	33.57%	3	0.14%	65	3.03%	0	0.00%	1	0.05%	0	0.00%
Alpine	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Amador	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Butte	0	0.00%	2	0.30%	3	0.45%	0	0.00%	1	0.15%	0	0.00%	0	0.00%	0	0.00%
Calaveras	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Colusa	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	1.91%	0	0.00%
Contra Costa	2	0.22%	6	0.65%	64	6.96%	0	0.00%	17	1.85%	3	0.33%	0	0.00%	0	0.00%
Del Norte	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
El Dorado	0	0.00%	4	1.14%	0	0.00%	2	0.57%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Fresno	25	1.07%	4	0.17%	29	1.24%	3	0.13%	3	0.13%	0	0.00%	1	0.04%	0	0.00%
Glenn	3	1.47%	0	0.00%	0	0.00%	0	0.00%	1	0.49%	0	0.00%	0	0.00%	0	0.00%
Humboldt	0	0.00%	3	0.74%	0	0.00%	0	0.00%	2	0.50%	0	0.00%	0	0.00%	0	0.00%
Imperial	2	0.25%	0	0.00%	0	0.00%	0	0.00%	6	0.75%	0	0.00%	0	0.00%	0	0.00%
Inyo	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Kern	3	0.14%	0	0.00%	6	0.29%	0	0.00%	6	0.29%	0	0.00%	0	0.00%	0	0.00%
Kings	0	0.00%	0	0.00%	4	1.02%	0	0.00%	0	0.00%	1	0.25%	0	0.00%	0	0.00%
Lake	0	0.00%	4	2.53%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Lassen	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	1.56%	0	0.00%	0	0.00%	0	0.00%
Los Angeles	55	0.22%	53	0.22%	3177	12.97%	46	0.19%	1625	6.64%	12	0.05%	5	0.02%	0	0.00%
Madera	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marin	0	0.00%	0	0.00%	1	0.32%	0	0.00%	2	0.64%	0	0.00%	0	0.00%	0	0.00%
Mariposa	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Mendocino	0	0.00%	0	0.00%	4	1.50%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.75%
Merced	3	0.33%	2	0.22%	2	0.22%	0	0.00%	4	0.44%	0	0.00%	0	0.00%	0	0.00%
Modoc	0	0.00%	2	5.56%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Mono	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Monterey	0	0.00%	2	0.17%	2	0.17%	0	0.00%	12	1.02%	2	0.17%	1	0.08%	0	0.00%
Napa	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.51%	0	0.00%	0	0.00%	0	0.00%
Nevada	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Orange	23	0.39%	12	0.20%	134	2.24%	4	0.07%	389	6.51%	3	0.05%	0	0.00%	0	0.00%
Placer	3	0.73%	1	0.24%	0	0.00%	3	0.73%	2	0.49%	0	0.00%	0	0.00%	0	0.00%
Plumas	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Riverside	4	0.11%	0	0.00%	21	0.57%	1	0.03%	27	0.73%	3	0.08%	2	0.05%	2	0.05%
Sacramento	9	0.46%	11	0.57%	87	4.48%	3	0.15%	16	0.82%	0	0.00%	2	0.10%	0	0.00%
San Benito	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
San Bernardino	2	0.04%	10	0.22%	36	0.79%	1	0.02%	46	1.01%	2	0.04%	1	0.02%	4	0.09%
San Diego	4	0.08%	14	0.28%	149	3.03%	4	0.08%	40	0.81%	1	0.02%	5	0.10%	5	0.10%

Healthy Families Program Current Enrollment Distribution By Ethnicity By County

Asian-Pacific Group

County/ Ethnicity	Asian Indian	Percent of County	Amerasian	Percent of County	Chinese	Percent of County	Japanese	Percent of County	Korean	Percent of County	Somoan	Percent of County	Hawaiian	Percent of County	Guamanian	Percent of County
San Francisco	0	0.00%	1	0.03%	3258	82.92%	1	0.03%	17	0.43%	0	0.00%	0	0.00%	0	0.00%
San Joaquin	51	1.68%	5	0.16%	114	3.75%	6	0.20%	3	0.10%	1	0.03%	0	0.00%	0	0.00%
San Luis Obispo	0	0.00%	3	0.29%	8	0.76%	0	0.00%	0	0.00%	1	0.10%	0	0.00%	0	0.00%
San Mateo	3	0.53%	3	0.53%	106	18.63%	0	0.00%	8	1.41%	8	1.41%	0	0.00%	0	0.00%
Santa Barbara	3	0.26%	0	0.00%	2	0.17%	3	0.26%	4	0.35%	0	0.00%	0	0.00%	0	0.00%
Santa Clara	13	0.59%	2	0.09%	77	3.48%	2	0.09%	31	1.40%	0	0.00%	0	0.00%	1	0.05%
Santa Cruz	0	0.00%	1	0.16%	2	0.31%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.16%
Shasta	3	0.28%	1	0.09%	2	0.19%	2	0.19%	2	0.19%	0	0.00%	0	0.00%	0	0.00%
Sierra	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Solano	3	0.39%	1	0.13%	8	1.04%	0	0.00%	0	0.00%	0	0.00%	2	0.26%	0	0.00%
Sonoma	2	0.31%	0	0.00%	4	0.62%	0	0.00%	0	0.00%	1	0.16%	0	0.00%	0	0.00%
Stanislaus	14	1.11%	3	0.24%	14	1.11%	0	0.00%	6	0.48%	0	0.00%	0	0.00%	0	0.00%
Sutter	30	8.31%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Tehama	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Trinity	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Tulare	1	0.07%	2	0.15%	0	0.00%	0	0.00%	4	0.30%	0	0.00%	0	0.00%	0	0.00%
Tuolumne	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Ventura	5	0.21%	0	0.00%	20	0.84%	2	0.08%	19	0.80%	0	0.00%	0	0.00%	0	0.00%
Yolo	1	0.28%	1	0.28%	2	0.55%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Yuba	0	0.00%	0	0.00%	3	1.81%	0	0.00%	1	0.60%	0	0.00%	0	0.00%	0	0.00%
Unknown	0		0		0		0		0		0		0		0	
Totals	284	0.34%	159	0.19%	8,060	9.72%	86	0.10%	2,361	2.85%	38	0.05%	23	0.03%	15	0.02%

Source: MRMIB's HFP Monthly Enrollment Report, data as of 3/13/99.

Healthy Families Program Current Enrollment Distribution By Ethnicity By County
Southeast Asian Group

County/ Ethnicity	Cambodian	Percent of County	Laotian	Percent of County	Vietnamese	Percent of County	Asian	Percent of County	Filipino	Percent of County	Not Given	Percent of County
Alameda	1	0.05%	0	0.00%	57	2.65%	71	3.31%	46	2.14%	216	10.06%
Alpine	0		0		0		0		0		0	
Amador	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	7	7.53%
Butte	0	0.00%	0	0.00%	0	0.00%	4	0.60%	4	0.60%	72	10.75%
Calaveras	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	18	14.75%
Colusa	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	8	5.10%
Contra Costa	0	0.00%	5	0.54%	13	1.41%	31	3.37%	12	1.31%	128	13.93%
Del Norte	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	7	12.07%
El Dorado	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	35	9.97%
Fresno	6	0.26%	17	0.73%	5	0.21%	29	1.24%	4	0.17%	264	11.27%
Glenn	0	0.00%	3	1.47%	0	0.00%	3	1.47%	0	0.00%	9	4.41%
Humboldt	0	0.00%	0	0.00%	0	0.00%	3	0.74%	0	0.00%	60	14.85%
Imperial	0	0.00%	0	0.00%	0	0.00%	3	0.37%	5	0.62%	247	30.80%
Inyo	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	8	20.00%
Kern	1	0.05%	1	0.05%	3	0.14%	4	0.19%	23	1.10%	225	10.78%
Kings	0	0.00%	0	0.00%	0	0.00%	2	0.51%	6	1.53%	10	2.54%
Lake	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	23	14.56%
Lassen	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	7	10.94%
Los Angeles	56	0.23%	7	0.03%	326	1.33%	753	3.07%	179	0.73%	2612	10.67%
Madera	0	0.00%	0	0.00%	0	0.00%	1	0.24%	0	0.00%	50	11.85%
Marin	0	0.00%	0	0.00%	6	1.93%	3	0.96%	0	0.00%	21	6.75%
Mariposa	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	15	16.48%
Mendocino	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	29	10.86%
Merced	0	0.00%	8	0.87%	1	0.11%	33	3.60%	0	0.00%	128	13.97%
Modoc	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	5.56%
Mono	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	3.45%
Monterey	0	0.00%	0	0.00%	11	0.93%	3	0.25%	8	0.68%	80	6.79%
Napa	0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	3.06%	24	12.24%
Nevada	0	0.00%	0	0.00%	0	0.00%	1	0.28%	0	0.00%	29	8.24%
Orange	20	0.33%	2	0.03%	741	12.41%	89	1.49%	28	0.47%	629	10.53%
Placer	0	0.00%	0	0.00%	1	0.24%	4	0.98%	0	0.00%	47	11.46%
Plumas	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	8	11.59%
Riverside	2	0.05%	5	0.14%	17	0.46%	14	0.38%	11	0.30%	449	12.15%
Sacramento	5	0.26%	3	0.15%	13	0.67%	48	2.47%	23	1.19%	276	14.23%
San Benito	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.36%	0	0.00%
San Bernardino	4	0.09%	0	0.00%	21	0.46%	45	0.99%	9	0.20%	545	11.98%
San Diego	6	0.12%	12	0.24%	85	1.73%	44	0.89%	71	1.44%	562	11.43%
San Francisco	3	0.08%	0	0.00%	23	0.59%	129	3.28%	30	0.76%	139	3.54%

Healthy Families Program Current Enrollment Distribution By Ethnicity By County
Southeast Asian Group

County/ Ethnicity	Cambodian	Percent of County	Laotian	Percent of County	Vietnamese	Percent of County	Asian	Percent of County	Filipino	Percent of County	Not Given	Percent of County
San Joaquin	37	1.22%	31	1.02%	23	0.76%	36	1.18%	66	2.17%	294	9.67%
San Luis Obispo	0	0.00%	0	0.00%	0	0.00%	5	0.48%	6	0.57%	85	8.12%
San Mateo	0	0.00%	0	0.00%	1	0.18%	23	4.04%	13	2.28%	98	17.22%
Santa Barbara	0	0.00%	0	0.00%	1	0.09%	10	0.87%	13	1.13%	123	10.68%
Santa Clara	11	0.50%	0	0.00%	518	23.41%	55	2.49%	25	1.13%	163	7.37%
Santa Cruz	0	0.00%	0	0.00%	0	0.00%	1	0.16%	1	0.16%	57	8.92%
Shasta	0	0.00%	0	0.00%	3	0.28%	12	1.12%	3	0.28%	115	10.75%
Sierra	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Siskiyou	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	15	8.29%
Solano	3	0.39%	4	0.52%	4	0.52%	4	0.52%	35	4.55%	128	16.64%
Sonoma	0	0.00%	0	0.00%	3	0.47%	4	0.62%	1	0.16%	95	14.75%
Stanislaus	4	0.32%	0	0.00%	2	0.16%	12	0.95%	0	0.00%	150	11.90%
Sutter	0	0.00%	0	0.00%	0	0.00%	23	6.37%	0	0.00%	30	8.31%
Tehama	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	22	8.24%
Trinity	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	10	8.62%
Tulare	0	0.00%	3	0.22%	0	0.00%	0	0.00%	3	0.22%	107	7.92%
Tuolumne	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	27	11.69%
Ventura	1	0.04%	0	0.00%	12	0.51%	6	0.25%	17	0.72%	173	7.30%
Yolo	0	0.00%	0	0.00%	0	0.00%	4	1.10%	0	0.00%	33	9.12%
Yuba	0	0.00%	7	4.22%	0	0.00%	0	0.00%	3	1.81%	17	10.24%
Unknown	0		0		0		0		0		0	
Totals	160	0.19%	108	0.13%	1,890	2.28%	1,512	1.82%	652	0.79%	8,732	10.54%

Source: MRMIB's HFP Monthly Enrollment Report, data as of 3/13/99.

FY 1998-99 Training and Technical Assistance

RHA, in conjunction with DHS and MRMIB conducted a series of introductory workshops in March and April 1998 to give organizations an opportunity to learn about the HFP program and the new Medi-Cal changes that were implemented in March 1, 1998 and July 1, 1998, respectively. Following that effort, individuals and groups throughout the state received an "Invitation to Participate" (ITP) in the outreach effort. This ITP invited community or government-sponsored groups or individuals to be CAAs, or to participate in the outreach efforts in other ways.

A total of \$1,937,300 has been allocated to provide certification training to organizations that responded to the ITP. These funds were allocated to the following activities:

- X \$30,125 for development of certification training materials for the trainers and for the participants
- X \$527,476 for coordination and session planning, scheduling, and staffing of the training sessions.
- X \$394,361 for printing the training/reference manuals.
- X \$14,740 for development and production of a training video to provide detail training information.
- X \$870,570 for training sessions, including educational forums for individuals associated with CBO=s, providers, and government-funded entities to facilitate local community involvement in application assistance.
- X \$100,000 for translating the reference manual into Spanish.

RHA began CAA training in May 1998 to prepare for the July 1, 1998 implementation date of the HFP. Since May 1998, RHA has completed 483 training sessions. Over 12,000 individuals have been certified as application assistants throughout the state. Two CAA training sessions in southern California were provided in Spanish to meet a specific demand. In late March 1999, a revised, shorter, version of the HFP/MCC application became available, and will be introduced in English and Spanish at regional information sessions in April, throughout the state, to familiarize CAAs with the revised application.

APPLICATION ASSISTANCE BY H&R BLOCK OFFICES

An initiative to train tax preparers as CAAs was spearheaded by Ms. Hellan Roth Dowden, former Director, Office of the Majority Whip, who recognized that families who received Earned Income Tax Credit (EITC) might be within the income levels to qualify for HFP.

MRMIB staff developed and implemented an outreach and training project with H&R Block to enroll children into HFP during their winter 1999 tax season. MRMIB trained 60 H&R Block Amaster trainers[≡] who, in turn, trained 3,800 H&R Block tax preparers in over 400 H&R Block offices throughout southern California within a two-week period in January 1999. The availability of the \$50 application assistance fee was a key factor to this program.

A revised and shortened ITP form was created by MRMIB and DHS for the H&R Block tax preparers. Also, a special training package was developed exclusively for tax preparers to address the use of the 1040 tax form to determine HFP eligibility. Previously the 1040 tax form was not allowable in determining Medi-Cal eligibility, however the 1040 tax form may be used beginning April 1, 1999.

The training package consisted of a training outline, modified training materials specifically developed for tax preparers, examples and exercises for using the 1040 tax form to determine HFP eligibility and a revised HFP certification examination for tax preparers.

In anticipation of an expected high application volume generated by H&R Block tax preparers, an Application Assistance reimbursement spreadsheet was developed by MRMIB and EDS for electronic submission of the reimbursement requests by H&R Block in lieu of the Reimbursement Request form currently utilized by other CAAs. H&R Block developed and implemented software for HFP with a pop-up screen for those with EITC (i.e. income under 185 percent FPL) and children without health insurance. H&R Block has initiated an aggressive call back for those individuals who qualify for the EITC.

Under MRMIB and DHS review and approval, H&R Block has promoted the HFP by distributing collateral materials at H&R Block offices, broadcasting HFP advertising on local radio stations, and conducting community outreach efforts in a variety of venues such as department stores, schools and other events.

H&R Block has not been able to achieve the results anticipated; less than 300 applications have been received to date through H&R Block.

INSURANCE BROKERS TRAINING AND CERTIFICATION

As a result of a HFP regulation change, insurance agents may receive reimbursement for providing assistance to families who enroll in HFP and MCC. The Health Underwriters Association requested MRMIB staff to train insurance brokers on completing the HFP and MCC application.

MRMIB staff developed a Atrain the trainer≡ approach similar to the H&R Block training method described above. In February 1999, two sessions were held and 20 trainers were trained primarily on program eligibility components for both HFP and MCC, application instructions on all forms, administrative requirements (e.g., ITP, reimbursement process, etc.), outreach strategies and an extensive question and answer period. The training sessions for insurance brokers was abbreviated to three hours from the usual eight hours for other CAAs because of the Health Underwriters Association members' background in completing health insurance forms, etc.

The Underwriters Association has more than 8,000 members and they plan to include HFP and MCC training material into their continuing education curriculum during 1999.

FY 1998-99 Application Assistance Fees

PAYMENT OF APPLICATION ASSISTANCE FEES

During the first seven and one-half months of program implementation, over \$1.1 million was paid to 1,016 community organizations for assisting families with HFP and MCC applications. Sixty percent of the fees were paid to community organizations for successful enrollment of children into the HFP, forty percent was paid for successful MCC enrollment.

An additional 190 community organizations have submitted fee requests but have not received any payment. The vast majority of these entities either submitted one request for a child that was either determined to be ineligible for HFP/MCC, or the application is pending review for MCC eligibility at the county level. In addition, a number of EEs did not put their identification numbers on the application, so it was necessary to trace back to identify the EEs before payment could be made.

A broad diversity of community organizations have submitted requests for application assistance fees. The types* of organizations participating in the HFP/MCC application assistance fee program and the most active organizations in each category, are as follows:

47% Health Care Providers and Clinics*

North East Medical Services, San Francisco
Network Medical Management, Alhambra

20% Community Service Organizations*

Korean Health Education, Information and Research Center, Los Angeles
The Council for the Spanish Speaking, San Joaquin

9% Schools and School Districts*

Visalia Unified School District
Chula Vista Elementary School District

7% Insurance Agents and Brokers*

C.M. Insurance Agency, San Francisco
Ronald F. Huntley and Associates, Santa Ana

* Categorization is done by the EE from the above list of organizational types.

5% Business Entities

Bonaventure Management Services Corporation, San Jose
Electronic Healthcare Systems, Redding

4% Government Organizations

Ventura County Public Health

Los Angeles County Dept. of Health Services

3% Faith-based Organizations

Catholic Charities, Santa Ana

Our Lady of the Valley Church, Canoga Park

3% Hospitals

St. Francis Medical Center, Los Angeles

White Memorial Medical Center, Los Angeles

1% Tax Preparers

Bonnie Rhodes Bookkeeping & Tax Service, Redding

Automated Financial Services, Fresno

1% Other

The 1,016 organizations that have received application assistance fee payments represent 37 percent of the total number of organizations that participated in the HFP/MCC application assistance training program and are registered as EEs. It is not known why many of the organizations that attended training are not requesting fees. Anecdotal information suggests many attendees did not intend to provide assistance and attended the training for general information purposes. Others are reported to be providing assistance but they are not requesting reimbursement, and some others may have been discouraged by the length of the application, the complexity of programs= rules, or the initial \$25 fee level.

Organizations throughout the state participate in the application assistance process.

Enrolled entities in 54 of California=s 58 counties have received application assistance fees. The top five counties and the percentage of fee payments made to community organizations in these counties are:

Los Angeles	37%
San Francisco	7%
Orange	7%
San Joaquin	5%
San Diego	4%

No application assistance fees have been paid to community organizations in Alpine, Del Norte, Mono or Sierra counties. However, in the HFP, 17 percent of the enrolled children=s applications from these counties included a request for application assistance. This indicates that for these rural areas some regional collaboration on outreach is underway.

EEs are able to provide assistance to applicants in 41 different languages. Ninety percent of the 1061 EEs can assist applicants in more than one language. The percentage of EEs providing assistance in the 10 threshold languages are:

10% one language	2% six languages
------------------	------------------

49% two languages	1% seven languages
19% three languages	1% eight languages
9% four languages	1% nine languages
6% five languages	2% ten languages

The 1,061 community organizations that have received application assistance fees can be grouped by the relative level of their participation, as follows:

	Number of Entities N = 1061	% of Entities	% of Fees Paid
>1 successful application per day	21	2	37
approx. 1 successful application per day	39	4	18
1-2 successful applications per week	55	5	13
< 1 successful application per week	901	89	33

Over 100 entities statewide are involved in outreach efforts on at least a weekly basis. One third (33 percent) of all fee payments have gone to community organizations that submitted less than one successful application per week. This suggests that the application assistance fee effort has been successful in involving a broad range of organizations in HFP/MCC outreach efforts.

The 21 community organizations that assist an average of one or more family per day have earned 37 percent of all application assistance fees. The level of successful enrollments garnered by these organizations indicates that they have incorporated HFP/MCC outreach efforts into their operational activities. These ATop 21" community organizations are comprised of 15 health care providers/clinics, 3 local governments, 2 community services organizations, and 1 insurance agency.

Top 21 Community Organizations: Application Assistance Fees

Organization Name	City	County	# of Fees Received Through 2/15/99
North East Medical Services	San Francisco	San Francisco	1,182
Korean Health Ed	Los Angeles	Los Angeles	1,041

Exhibit 6

Info & Research Center			
Network Medical Management	Alhambra	Los Angeles	577
Council for the Spanish Speaking	Stockton	San Joaquin	532
Golden Valley Health Centers	Merced	Merced	370
Universal Care Medical Group	Signal Hill	Los Angeles	364
Ventura County Public Health Center	Ventura	Ventura	488
Community Medical Centers, Inc.	Stockton	San Joaquin	352
Los Angeles County Dept. of Health Services	Los Angeles	Los Angeles	314
Latino Medical Center, Inc.	Paramount	Los Angeles	297
Santa Clara Valley Health & Hospital System	San Jose	Santa Clara	294
Clinicas de Salud del Pueblo, Inc.	Brawley	Imperial	292
Asian Health Services	Oakland	Alameda	279
Chinatown Service Center	Los Angeles	Los Angeles	269
Clinica Sierra Vista	Lamont	Kern	262
C.M. Insurance Agency	San Francisco	San Francisco	248
Community Health Network	San Francisco	San Francisco	220
Del Norte Clinics, Inc.	Olivehurst	Yuba	204
Lasalle Medical Association	San Bernardino	San Bernardino	203
Riverside County Health Services Agency	Riverside	Riverside	195
Community Health Centers of the Central Coast, Inc.	Nipomo	San Luis Obispo	170

REVIEW OF APPLICATION ASSISTANCE FEES IN THE HFP

Through mid-February 1999, 42 percent of applications received by the HFP included a request for payment of an application assistance fee. While many other applicants may have received assistance in completing the HFP application either from HFP toll-free line or from a community organization, for the purposes of this report, the 42 percent of applications for which a fee was requested will be referred to as Assisted applications.≡

The percentage of assisted applications received by HFP is increasing.

In the first months of program implementation, assisted applications comprised approximately 40 percent of all applications. In recent months, the percentage of assisted applications has increased to 45-50 percent.

Percentage of HFP Assisted Applications (through February 15, 1999)

Overall	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb
42%	41%	39%	39%	37%	42%	45%	45%	50%

Assisted applications have a higher rate of successful enrollment of children than do unassisted applications.

- X 78 percent of assisted applications resulted in the enrollment of one or more children.
- X 71 percent of unassisted applications resulted in the enrollment of a child.

A review of the small portion (6 percent of total) of applications which were unable to be processed because of missing signatures or pieces of the application reveals that 92 percent of these applications were unassisted.

The percentage of assisted applications varies significantly by county.

Statewide, 42 percent of successful applications are assisted. The percentage of successful applications being assisted in each county varies from a high of 82 percent in San Francisco to a low of 7 percent in San Benito and Calaveras.

In the majority of counties (39 of 58), applications submitted with the help of an application assistant are more likely to enroll in the Community Provider Plan (CPP). For example, in Alameda County, 42 percent of all successful applications were assisted, while 55 percent of the children enrolled in the CPP were enrolled with the use of an application assistant. This may be due to the assistant's familiarity with the premium discount associated with CPP, or with other factors.

--	--	--

Exhibit 6

County Name	Percentage of Children Enrolled in HFP with Assisted Applications	Percentage of Children enrolled in CPP with Assisted Applications
Alameda	42.48	54.62
Alpine	0	0
Amador	29.06	24.05
Butte	22.85	24.47
Calaveras	7.07	8.33
Colusa	65.94	70.16
Contra Costa	34.34	37.11
Del Norte	9.99	9.99
El Dorado	25.08	29.03
Fresno	23.93	27.27
Glenn	67.83	65.78
Humboldt	15.78	16.61
Imperial	80.58	80.96
Inyo	16.21	16.21
Kern	31.71	34.11
Kings	66.97	72.54
Lake	12.83	16.36
Lassen	12.72	12.72
Los Angeles	46.51	50.07
Madera	44.74	55.43
Marin	63.39	75.42
Mariposa	24.17	26.19
Mendocino	14.28	14.76
Merced	56.20	54.66
Modoc	21.21	21.21
Mono	34.48	34.48
Monterey	50.65	51.31

Exhibit 6

Napa	15.02	29.03
Nevada	27.27	31.08
Orange	42.74	54.79
Placer	27.77	11.34
Plumas	17.18	17.18
Riverside	33.11	47.97
Sacramento	22.46	25.03
San Benito	6.66	4.81
San Bernardino	31.55	43.05
San Diego	36.31	44.84
San Francisco	81.68	88.54
San Joaquin	54.54	63.32
San Luis Obispo	43.69	28.30
San Mateo	30.59	16.48
Santa Barbara	41.52	49.46
Santa Clara	55.59	67.04
Santa Cruz	43.11	37.33
Shasta	59.81	63.76
Sierra	0	0
Siskiyou	44.3	44.3
Solano	47.39	48.43
Sonoma	29.78	35.98
Stanislaus	40.33	41.91
Sutter	34.89	38.33
Tehama	48.29	48.7
Trinity	44.76	45.09
Tulare	45.11	41.96
Tuolumne	30.59	32.16
Ventura	60.58	76.49
Yolo	17.46	8.33

Yuba	28.84	36.58
------	-------	-------

REIMBURSEMENT REQUESTS

As of February 16, 1999, Electronic Data Systems (EDS) is processing Requests for Reimbursements within a three-day cycle. However, there are Requests which are incomplete, or on the wrong form, and cannot be processed to generate payment. EDS returns incomplete Requests to the sender with an error explanation sheet attached. When the EE corrects the form or supplies the missing information, EDS reprocesses the Request and generates payment. To date, more than \$1 million has been paid out to EEs. The number of EEs requesting reimbursement has increased by 235 percent since September 25, 1998.

CALLBACK PROGRESS REPORT

Final Report

	YES RESPONSES			NO RESPONSES							
	Total Successful Contacts	Additional Assistance Requested	%	Enrolled in Healthy Families	Applied for Healthy Families	Enrolled in Medi-Cal	Applied for Medi-Cal	Applied for Both	Not Willing to Comment	Subtotal	%
12/4/98	605	270	44.6%	n/a	n/a	n/a	n/a	n/a	n/a	335	55.4%
12/11/98	483	224	46.4%	62	91	21	41	13	31	259	53.6%
12/18/98	532	188	35.3%	101	134	34	46	13	16	344	64.7%
12/25/98	366	103	28.1%	29	44	6	6	5	173	263	71.9%
12/31/98	1,257	245	19.5%	50	61	20	11	3	867	1,012	80.5%
Dec-98	3,243	1,030	31.8%	242	330	81	104	34	1,087	2,213	68.2%
1/8/99	247	72	29.1%	11	21	7	4	0	132	175	70.9%
1/15/99	393	51	13.0%	74	76	27	10	13	142	342	87.0%
1/22/99	499	79	15.8%	66	88	37	19	10	200	420	84.2%
1/29/99	404	66	16.3%	42	61	17	22	8	188	338	83.7%
Jan-99	1,543	268	7.4%	193	246	88	55	31	662	1,275	82.6%
2/5/99	466	69	14.8%	64	20	22	11	4	276	397	85.2%
2/12/99	310	30	9.7%	74	39	42	19	19	87	280	90.3%
2/19/99	317	34	10.7%	55	27	30	17	4	150	283	89.3%
2/26/99	374	52	13.9%	51	54	30	11	3	173	322	86.1%
Feb-99	1,467	185	12.6%	244	140	124	58	30	686	1,282	87.4%
3/1/99	113	16	14.2	8	10	6	0	0	73	97	85.8%
Mar-99	113	16	14.2	8	10	6	0	0	73	97	85.8%
Program to Date	6,366	1,499	23.5%	687	726	299	217	95	2,508	4,867	76.5%

Source: Hill and Knowlton, Inc.

Note: Data updated March 14, 1999. Three attempts were made to reach each family.

Toll-free Line's Customer Follow-up Report Front-end Contacts by EDS

Week Starting	Total New Customers Offered Assistance	Follow-up Requested	%	Follow-up Refused	%	Responses sent to RHA
1/4/99	7,562	2,693	35.6%	4,869	64.4%	1,899
1/11/99	7,912	2,996	37.9%	4,916	62.1%	2,520
1/18/99	5,977	2,149	36.0%	3,828	64.0%	1,819
1/25/99	6,394	2,084	32.6%	4,310	67.4%	1,784
2/1/99	6,709	1,625	24.2%	5,084	75.8%	1,265
2/8/99	6,397	1,703	26.8%	4,694	73.4%	3,963
2/15/99	7,110	2,141	30.1%	4,969	69.9%	2,141
2/22/99	8,902	3,037	34.1%	5,865	65.9%	3,037
YTD	56,963	18,428	32.4%	38,535	67.6%	18,428

Updated 3/4/99

Source: Hill and Knowlton, Inc.

Caller Referral Source Executive Summary

From program inception to date, Healthy Families and Medi-Cal for Children Program operators asked each caller, "How did you hear about us?" As of December 4, 1998, total call volume reached 173,364 calls. Of this total, 87,087 or slightly more than 50 percent of the callers responded to the referral source question. Responses to this question are grouped into the following four categories: advertising, public relations, outreach and friends/family. Results are summarized below by broad category and by medium:

Advertising: 27,518 caller responses or 31.6%		
	Billboards	2,849
	Bus Tails	1,048
	Direct Mail	3,481
	Print	218
	Radio	3,321*
	Television	16,601
Public Relations: 26,556 caller responses or 30.5%		
	Magazine Article	117
	Newspaper	4,028
	Radio	3,320*
	Television News	19,091
Outreach: 20,217 caller responses or 23.2%		
Government Efforts	Cal Kid	392
	CCS/CHDP	53
	County Offices	2,504
	Internet	20
	Mental Health	52
	WIC/AIM/GAIN	5,134
Enrollment Entity Efforts	Church	22
	Community Center	58
	Daycare	66
	HF Help Desk	6
	School	4,978
Provider Efforts	Denti-Cal	22
	Dentists' Offices	178
	Doctors' Offices / Clinics	6,029
	HMO	70
	Hospital	633
Friends and Family: 12,796 caller responses or 14.7%		

Data indicates that the marketing and public relations programs are reaching and pulling in membership. Advertising efforts and public relations efforts are strong at 31.6% and 30.5% respectively. However, there is no definite leader within the integrated strategy.

This study is not scientific. It is one tool for measuring the effectiveness of marketing and communication programs. Some callers may have heard about the Healthy Families/Medi-Cal for Children Program in more than one place. Each caller was asked to identify ONLY the primary source that made him/her aware of the program. The information provided in the Caller Referral Source Report is only as accurate as the responses given by each caller.

Source: Hill and Knowlton, Inc. Data collected 6/1/98 through 12/4/98.

Callers giving the "radio" response were unable to differentiate between radio advertising and radio public relations interviews. Therefore, radio responses are split evenly between advertising and public relations.

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15796	City of Sacto.-Mayor's Comm On Our Children's	Sacramento	low income	Staff- 2 new application assistors. Assistors will respond to referrals from 11 SCUSD school sites. Will also respond to other Commission outreach efforts including 29 schools.	\$17,090
98-15797	Sacramento START	Sacramento	Afr. Ams, Hisp, Am.Ind, Russian, Lao, Mein, Viet, Chinese	Hire 3 p/t outreach workers to conduct after school educational meetings. Distribute flyers & direct students to Application Assistors from the Mayor's Commission. on Our Children's Health or CBO's. Translators & Refreshments.	\$20,140
98-15798	Migrant Education - Region II	Sacto, Solano, Yolo Counties	700 Hispanic migrant worker families	Create an "office on wheels" to give outreach to isolated families, make presentations at schools. Hire six ex-migrant workers and train them as Application Assistors. Van rental, cell phone rental, copier.	\$30,000
98-15799	Family Health Care Network	Tulare	Migrant seasonal farm worker families	App assistance & enroll 700; pres. at schools, migrant/parent groups, daycare center; health fairs; \$50 fee waived.	\$30,000
TOTAL:					\$97,230

FY 1998-99 HFP/MCC Mini Contracts Awarded to CBOs - Los Angeles

Exhibit 9

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15774	My Sister's Keeper, Inc.	Los Angeles	African American	Target local housing development (door to door canvassing), coordinate with churches and organizations in target area, train staff & volunteers to assist with enrollment, develop PSAs, ads, conduct health fairs, and presentations.	\$24,000
98-15775	Jewish Family Service of Los Angeles	West LA, West & North Hollywood	Russian, Farsi	Aggressive media campaign that will include mailings, flyers, radio, tv & web site.	\$40,000 \$38,000
98-15776	Public Health Foundation Enterprises, Inc.	Central & South Central Los Angeles	Latino families	"Worksite Wellness Project": outreach & recruit. to target apparel/textile, food processing & furniture manufacturer industries.	\$13,000
98-15777	VNA Foundation	San Gabriel Valley, Orange Valley	Hispanic population	2 project coordins to recruit 2 p/t wrks & 6/8 volunteer wrks assts - outreach at comm. organizs. Admin. Oversight, 2 Prgm Coordins, 2 Wrks. Volunteers compens'd by vouchers. Banners, Brochures.	\$25,740 \$25,000
98-15778	Northridge Hospital Medical Center	Los Angeles	foreign-born, esp. Spanish speaking	Existing staff plus 6 new health educators. Each team of 2 educators will be assigned 3 churches.	\$25,000

HFP/MCC FY 1998-99 Contracts Awarded to CBOs - Los Angeles

Exhibit 9

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15779	Community Health Councils, Inc.	Long Beach, So. Los Angeles	African American	Compliments existing ABC Project and M/C Outreach: subcontract w/ media firm to dev posters, flyers, slides for PSAs (movie theatres), event signage, banners, and radio PSAs; promo items, newspaper ads, brochures.	\$50,000 \$40,000
98-15780	Adept Management Systems	LA, Commerce, Pasadena	Children of low-income workers	Using telemarketing subcontractors to enroll low income.	\$21,270
98-15781	Inglewood Family Care Center	LA/Riverside/San Diego	African Amer, Hispanic, Amer.Indian	To recruit, train & educate grass roots volunteers; To create innovative education and outreach strategies To increase coordination and collaborative efforts to develop research capabilities	\$21,000
98-15782	Families In Good Health/ St. Mary Med. Ctr. Foundat	LA County/Greater Long Beach Area	Cambodian, Lao, Hmong, Latino, Pacific Islander	Media: cable tv newspapers, magazines, radio w/intensive comm.outreach conducted in homes, (door to door canvassing), schools, churches, Buddhist temples & comm.events (Cambodian New Year, Lao New Year, Cinco de Mayo).	\$31,707
98-15783	Coalition of Mental Health Professionals, Inc.	Los Angeles	Belizian Community	Outreach workers will meet daily w/members of the Belizian community, offer enrollment assistance, establish a 24 hour hotline.	\$40,000

HFP/MCC FY 1998-99 Contracts Awarded to CBOs - Los Angeles

Exhibit 9

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15784	Black Women for Wellness	So Central LA	African American population	Build on existing community activities, develop in-service education seminars for gatekeeper organizations in African American communities re: HF program. Coordinate 2 outreach events, (clothing exchange) scheduled for March and June.	\$20,077
98-15785	Community Perinatal Network	LACounty	Latino	Develop culturally & linguistically-appropriate & appealing outreach materials; placement of messages.	\$43,000 \$40,000
98-15786	Plaza Community Center	Los Angeles & Unincorporated East LA	Hispanic	Existing staff + 2 new outreach workers. Health fairs, presentations -schools, community orgs, recreational sites, libraries, flyers, newspaper, radio, TV., billboards.	\$37,000
98-15787	Pomona Valley Ctr For Community Dvlpmt.	East San Gabriel/Pomona Valley	Spanish-speaking immigrants; women-headed/unemployed	Expand current HF outreach/enrollment activities. Door to door canvassing at-risk & socially isolated populations w/outreach in ethnic marketplaces, churches, hospitals, clinics, schools, childcare & WIC centers	\$22,420
98-15788	Venice Family Clinic	West LA	uninsured adolescents 13-18	Two full-time workers and five to ten teenage volunteers to reach uninsured teens where they frequent. In addition, recruit up to 50 school personnel in three school districts to voluntarily promote healthy families outreach in school settings.	\$44,684
TOTAL:					\$443,158

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15804	Alliance Medical Center	Sonoma County	Isolated rural Latinos	To employ outreach workers and project coordinator.	\$15,500
98-15805	Bilingual Broadcasting Foundation Inc. (KBBF)	Sonoma County	Spanish-speaking low-income workers	Inform the listening audience of KBBF of the program-interviews with medical providers-interviews w/other cbo-mini-dramas	\$50,000 \$42,000
98-15806	Mendocino Coast Clinics, Inc.	Mendocino County	Isolated communities of low-income, Latino	Outreach through schools, clubs, teachers, school Nights, home visits. Applicant also proposes a degree of in-reach at their clinic.	\$10,000
98-15807	The Women's Resource Center/Community	Humboldt County	Spanish-speaking	Using existing programs for faith-based outreach flyers, letters, grocery bag suffers.	\$15,632
TOTAL:					\$83,132

FY 1998-99 HFP/MCC Mini Contracts Awarded to CBOs - Southern California

Exhibit 9

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15789	Community Health Centers of the Central Coast, Inc	Santa Barabara, San Luis Obispo Counties	Hispanic, migrant workers	Offer free immunization & distribute info to people who attend. Attend community events and local organization meetings. 3 Outreach Workers, RN. Newspaper, radio, tv.	\$32,000
98-15790	Libreria del Pubelo, Inc.	SBERdu-High Desert Central Villy-West End	Hispanic	Develop flyers & brochures; disseminate information at schools, churches, and shopping centers; request PSA; educate the target population.	\$31,000
98-15791	San Ysidro Health Center	S. San Diego	Latino	Improves community knowledge screen and counsel 75% to assist 150-200 people.	\$45,000 \$40,000
98-15792	Partners for Community Access	North San Diego County	Hispanic, African Am., Am. Indian, Asian, White	Umbrella for Vista/Escondido/NCounty. Train outreach wrks to conduct ext. public relations, promos & comm. Presentations. Hire Marketing Mgr & reassign an Exec Director. Staff Training, Office Equip., Media Ads.	\$50,000
98-15793	Korean Health, Education, Information & Research Ctr	So. Cal/Statewide	low-income Korean	Existing staff. Television, Radio, and Newspaper Ads.	\$46,637 \$40,000

Healthy Families Recommendations - So. California

Exhibit 9

Contract No.	Organization Name	County	Target Population	Comments	Amount Funded
98-15794	Girls and Boys Club of Garden Grove	Orange	low income Spanish, English, Vietnamese	Existing staff. 50 Parent speakers for 100 speeches (\$40 stipend each), Refreshments.	\$31,880
98-15795	Ontario-Montclair School District	San Bernardino County	White,Hisp., Afr.Amer.,Am.Ind., Asian, Filip,Vietn	Along w/partners Escondido Comm. Health Center; North County Health Services; Vista Community Clinic. Existing staff plus 31 people in 31 schools at .50FTE Outreach- Internal campaign conducted through 31 schools.	\$30,000
TOTAL:					\$254,880

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Funded	Key Components	Start Date	Anticipated Outcomes	Approval Status
Alameda	\$572,043	Three regional outreach strategies, ten CBOs, app. assistance, streamline procedure	2/01/99	Some % of 60,000 target population	Approved
Amador	\$49,227	Outreach to women and children – application assistance in community	01/01/99	Increase enrollment by 10%	Approved
Butte	\$195,210	ID, assist in establishing eligibility for Medi-Cal, and help eligibles understand other health care options for low income families with children.	1/99	Reach all families for 10,000 children countywide believed to be eligible for Medi-Cal.	Approved
Contra Costa	\$304,481	Fully prepare enrollees to complete enrollment in one visit to a district social service office via application assistance, enrollment preparation workshops, and individual followings.	1/99	Reach up to 28,000 potential Medi-Cal eligibles.	Approved
El Dorado	\$114,438	Focus on using and improving existing structure of community coalitions to reach and enroll eligibles throughout County to Medi-Cal.	1/99	Reach 1,483 unenrolled eligibles.	Approved
Fresno	\$667,558	Intensive outreach to four ethnic/geographic target groups	02/01/99	Enrollment: 500 Hispanic; 400 Southeast Asian; 100 Caucasian; 180 African American; 300 rural.	Approved

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Funded	Key Components	Start Date	Anticipated Outcomes	Approval Status
Humboldt	\$169,265	Via mobile unit office, to reach Medi-Cal eligibles residing in remote areas of County.	1/99	Increased Medi-Cal 1931(b) enrollments.	Approved
Imperial	\$195,005	Targets all eligibles in county with health fairs, presentations at local schools, day cares, and social organizations; have visits to those confronted by transportation barriers; and providing a medical campaign aimed specifically at the Latino community.	1/99	Enroll 2290 eligibles to Medi-Cal.	Approved
Kern	\$454,023	Coordinate with local clinics and other community resources to help alleviate Medi-Cal enrollment barriers for low income eligibles.	1/99	Reach 117,000 Medi-Cal eligibles countywide and enroll 75 percent of that number.	Approved
Lassen	\$102,766	Station a full-time outreach worker in the largest community clinic to provide Medi-Cal application assistance, mobilize part-time outreach workers to isolated rural areas, provide community health fair and mobilized "mini" version of the health fair to rural areas.	1/99	Reach all individuals and families in County who lack health care coverage. Increase Medi-Cal 1931(b) enrollments.	Approved

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Funded	Key Components	Start Date	Anticipated Outcomes	Approval Status
Los Angeles	\$3,932,328	In collaboration with 12 community partner organizations, create a countywide outreach infrastructure including use of local ethnic media, shared data bases on 1931(b) eligible families, increased staffing and multi-language capabilities for Medi-Cal hotline, Ombudsman/Troubleline for collaborative partners, and a community advisory group. ID barriers to healthcare, increase awareness of Medi-Cal, provide appropriate outreach efforts to racial/ethnic, gender, economic, and regional groups; increase access to quality healthcare for indigents and coordinate information regarding other available healthcare programs.	1/99	Increase 1931(b) Medi-Cal enrollments.	Approved
Marin	\$106,643	Outreach workers, intervention activities, enrollment assistance	01/01/99	500 children enrolled; 1,000 families reached.	Approved
Mariposa	\$90,000	Outreach to women and children; application assistance.	01/01/99	Increased enrollments.	Approved

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Funded	Key Components	Start Date	Anticipated Outcomes	Approval Status
Mendocino	\$125,119	Targets outreach activities specifically to residents of geographically isolated communities, hard to reach populations (e.g. homeless), Latinos and Native Americans.	1/99	Increased 1931(b) Medi-Cal enrollments.	Approved
Merced	\$253,342	Focuses on women of childbearing age and children eligible for Medi-Cal benefits.	1/99	Reach at least 2,000 families in the target population.	Approved
Modoc	\$96,235	Outreach assistance at isolated clinics and community centers.	01/01/99	Increased enrollments.	Pending
Monterey	\$199,566	Targets “working poor” families throughout county in cooperation with locally-based community organizations.	2/99	Enroll 2,000 children and adults into Medi-Cal.	Approved
Napa	\$105,958	Outreach workers, active referral and enrollment assistance at target sites.	01/01/99	Increase enrollment by 2.5%; decrease drop outs by 2.5%	Approved
Nevada	\$103,301	Placing staff in rural communities to provide onsite outreach, education, and application services to Medi-Cal eligibles for the 1931(b) program.	1/99	Enroll 90 percent of Medi-Cal into program.	Approved

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Funded	Key Components	Start Date	Anticipated Outcomes	Approval Status
Orange	\$565,662	Under lead of CalOPTIMA, and in collaboration with six locally-based organizations, targets Latina women, low-income persons, families with children that have special needs, and former CalWorks eligibles. Outreach to jobsites, day cares, Head Start, California Children's Services program, subsidized housing projects, shopping centers, local schools, and other appropriate sites.	2/99	Reach approximately 200,000 persons potentially eligible for Medi-Cal.	Approved
Placer	\$125,057	Provides education and direct outreach services about Medi-Cal to five of the County's most compromised communities.	2/99	Increased Medi-Cal 1931(b) enrollments.	Approved
Plumas	\$95,762	Eight to ten outreach workers from four CBOs to assist target population.	12/10/98	200 new enrollees	Approved
Riverside	\$610,421	In cooperation with a large coalition of community and public organizations, targets women of childbearing age and children for outreach services about the Medi-Cal 1931(b) program.	12/98	Increased enrollments into the Medi-Cal 1931(b) program in communities with the greatest percentage of low-income families.	Approved

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Funded	Key Components	Start Date	Anticipated Outcomes	Approval Status
Sacramento	\$837,889	Increase children's access to medical, dental, and vision care under Medi-Cal . Provides individual application assistance and group education to people. Collaborate with 24 community agencies and provide funding to nine CBOs for health fairs, school programs, a job club and other community events.	2/99	Reach a minimum of 100,000 low income persons and enroll a minimum of 5,000 children to Medi-Cal.	Approved
San Bernardino	\$990,089	Subcontracting with 12 locally-based organizations and agencies, place kiosks and community outreach workers into communities to share information and help low-income eligibles complete enrollment paperwork.	1/99	Increased enrollments into Medi-Cal 1931(b) program of low-income families.	Approved
San Diego	\$920,000	Outreach efforts by outreach San Diego, the healthcare access through School's Project, and the San Diego Kid's Health Assurance Network.	10/98	Reach 70,000 potential eligibles.	Approved

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Funded	Key Components	Start Date	Anticipated Outcomes	Approval Status
San Francisco	\$231,565	In collaboration with the San Francisco Bringing Up Health Kids (BUHK) Coalition, targets people discontinued from CalWORKS for earnings-related reasons who need Medi-Cal eligibility information and other Medi-Cal eligibles. Outreach activities will focus on community forums, and a public media campaign consisting of public service announcements and informational materials for distribution to the target population.	1/99	Reduce the number of uninsured children, youth, and adults through increased Medi-Cal enrollments.	Approved
San Joaquin	\$422,701	Health+, a coalition of public and private health services agencies headed by San Joaquin County Health care Services that will provide outreach and application support to low-income families and individuals who may be aware of their eligibility for Medi-Cal or may be reluctant to enroll in the program.	1/99	2,500 new Medi-Cal 1931(b) applications.	Approved

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Funded	Key Components	Start Date	Anticipated Outcomes	Approval Status
San Luis Obispo	\$131,665	Targets low-income women and their infants and children through personal outreach contact at shopping centers, churches, health fairs, second hand stores and flea markets, day care centers, and women's shelters/resource centers.	2/99	Reach 4,000 individuals potentially eligible for Medi-Cal.	Approved
San Mateo	\$143,374	Intensive outreach in target community, family support services and assistance.	01/01/99	940 new enrollees	Approved
Santa Barbara	\$175,715	Targets 5,000 potential enrollees from among 2,500 low income families with children throughout the County.	11/98	Enrollment of up to 2,500 eligibles to Medi-Cal 1931(b) program.	Approved
Santa Clara	\$401,122	First Things First Coalition to utilize local media, marketing and informational materials for enhanced outreach efforts to county-designated "Child-Poverty Zones."	1/99	10,000 new Medi-Cal enrollments.	Approved
Santa Cruz	\$135,979	Through the County's Medi-Cal Outreach Coalition, provides user-friendly resources through culturally competent outreach efforts to low income families with children potentially eligible for 1931(b) services.	1/99	Increased 1931(b) enrollments.	Approved

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Funded	Key Components	Start Date	Anticipated Outcomes	Approval Status
Solano	\$214,100	Targets children for outreach services and enrollment to 1931(b) program.	1/99	Enroll 1,100 children in Medi-Cal.	Approved
Sonoma	\$159,886	Enhance existing coalition outreach efforts to Medi-Cal eligible children throughout the County.	10/98	At least 3,300 eligible children will be identified and 500 families will be reached with Medi-Cal eligibility and enrollment information.	Approved
Stanislaus	\$306,495	Targets children and women if child-bearing age with grassroots Medi-Cal application assistance. Includes door-to-door outreach, health fairs, and screenings at community clinics and organizations.	2/99	Reach 38,000 economically disadvantaged people.	Approved
Trinity	\$94,700	Outreach to women and children using medical services, activate referral and enrollment assistance.	01/01/99	Centralized referral system; some % of 3,675 enrolled.	Approved

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Requested	Key Components	Start Date	Anticipated Outcomes	Approval Status
Tuolumne	\$105,983	Contact community colleges, hospitals, public schools, rancherias. Train organizations to deliver outreach advertise at key locations	02/28/99	900 people contacted. Seven community agencies trained to continue outreach. Start outreach at community college, hospital, public schools, rancherias.	Approved
Ventura	\$218,492	Targets migrant families/farm workers, the homeless and working poor, and Native Americans in cooperation with eight subcontracting coalition partners.	1/99	Outreach to 5,000 eligibles and enroll 1,000.	Approved
Yolo	\$149,893	Targets low-income and Hispanic populations countywide.	1/99	Increased Medi-Cal enrollments via 1931(b) program.	Approved
Yuba	\$138,864	ID barriers, focus on enrollment of families with children especially migrant and seasonal farm workers. Overcome language barriers faced by Latinos and Southeast Asian populations.	1/99	Increased Medi-Cal 1931(b) enrollments.	Approved

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

City Name	Amount Funded	Key Components	Start Date	Anticipated Outcomes	Approval Status
Berkeley	\$109,405	Emphasis on outreach to low income women of childbearing age and children, with particular emphasis on Latinos, African-Americans, and Southeast Asians.	1/99	1,200 low income residents outreached; 400 new Medi-Cal enrollments.	Approved
Long Beach	\$455,925	Emphasis on outreach to low income Cambodian and Latino neighborhoods.	1/99	15,000 low-income residents outreached; 1,000 women ad children enrolled in Medi-Cal.	Approved
Pasadena	\$149,637	Outreach materials; outreach workers from target population.	01/01/99	6,000 families and assisted with enrollment.	Approved
Awarded to Date	\$15,837,896				

**Medi-Cal 1931 (b) Outreach Applications
Summary Information by Local Jurisdiction**

Exhibit 10

County Name	Amount Requested	Key Components	Start Date	Anticipated Outcomes	Approval Status
Colusa	\$95,039	Outreach through various clinics to assist enrollments	03/01/99	Some % of half of Medi-Cal eligible population 2,100-3,700.	Pending
Glenn	\$102,737	Outreach through various clinics to assist enrollment	03/01/99	Some % of half the Medi-Cal eligible population: 3,00 of 5,849.	Pending
Madera	\$153,247				Pending
Sutter	\$115,514	Three CBOs to do culturally competent outreach, application assistance to ethnic population.	03/01/99	Some % of half of the Medi-Cal eligible population 5,528 of 11,812.	Pending
Tehama	\$115,457				Pending
Tulare	\$355,195	One-to-one outreach, health fairs, direct enrollment assistance.	01/01/99	Increased enrollments.	Pending
Total Pending Award	\$937,189				

FY 1998-99 Community & School Outreach Activities

I. RHA COMMUNITY OUTREACH

RHA staff have developed relationships with community organizations and employment organizations in under-served ethnic communities to increase and encourage ethnic enrollment. RHA's regional support staff consists of eight (8) Caucasians, ten (10) African Americans, seven (7) Hispanics, and three (3) Asian/Pacific Islanders. All field staff are fluent in more than one language and can assist in enrollment efforts in ethnic communities. Staff can provide assistance in the following languages and dialects:

English	Hainamese	Spanish
Tagalog	Vietnamese	Cebuano
Cantonese	Cambodian	Mandarin

The following are examples of ethnic RHA's outreach efforts:

- X RHA is working with religious groups to help recruit transient families and parishioners into the HFP Programs. Funding for the premium costs for these families and individuals may be provided through various funding organizations who wish to aid the targeted ethnic populations with grants to cover the premium payment costs.

RHA worked with Community Health Councils, Inc. to form the African-American Outreach Collaborative in September of 1998, which consists of more than thirty (30) organizations who work towards providing health care services for eligible children and teens in South Los Angeles. The members of the Health Care for All Coalition and others have expressed to RHA that they would also like to join RHA's school outreach program to increase activity and enrollment efforts.

- X Hispanic Community

RHA is working with several Latino organizations such as La Colectiva, the San Gabriel Valley/Seamless System/Improving Access Collaborative, and has worked with the Los Angeles County Department of Health Services and various EEs and CBOs to form the Latino Children's Action Council. RHA's role with the Council is to act as an informational resource, provide outreach support, and link the EEs to specific outreach efforts.

- X Korean Community

RHA has joined with the Korean Health Education, Information and Resource Center (KHEIR) in their outreach efforts and has coordinated the translation, graphic production, focus testing, and printing of the HFP/MCC application in their language in order to increase effective outreach efforts to this Asian community.

X Orange County

RHA has worked to provide certification training and awareness of health programs to the school districts in Orange County. Fifty (50) school nurses in Orange County have been trained and now provide on site education and enrollment materials to targeted low-income students.

RHA has also entered into agreements and joined many government agencies, medical centers, hospitals, clinics, school districts, Medi-Cal 1931(b) contractors, private professionals in the business and health fields, with Latino and African-American business coalitions, and religious-based organizations to coordinate outreach efforts throughout the state.

II. RHA SCHOOL OUTREACH APPROACH FOR FISCAL YEAR 1998/1999

RHA has a primary responsibility for school outreach to encourage support of HFP/MCC for uninsured children in the State of California. RHA staff is targeting the top nine counties in California which have the highest concentrations of eligible children. They have identified 35 school districts within the nine counties with the highest numbers of children who participate in the National School Lunch Program, a program which provides a free or reduced price lunch to children whose family income is at or below 185 percent of FPL. The top nine counties are: Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and Santa Clara.

The chart on the following page identifies the prioritized school districts in each county which are targeted for outreach:

Los Angeles	Long Beach Unified, Los Angeles Unified
Fresno	Caruthers Union, Central, Clovis, Coalinga-Huron Joint, Firebaugh-Las Deltas Joint, Fowler, Fresno, Golden Plains, Kerman, Kings Canyon Joint,

	Kingsburg, Mendota, Parlier, Riverdale Joint, Sanger, Selma, West Fresno
Orange	Santa Ana
San Diego	Escondido Union High, San Diego Unified School District, San Ysidro
Riverside	Corona-Norco, Moreno Valley
San Bernardino	Chino, Ontario-Montclair, San Bernardino City
Santa Clara	Campbell Union Elementary, Mountain View Elementary
Alameda	Alameda City Unified, Fremont Unified, Oakland Unified, San Leandro
Sacramento	Elk Grove District

RHA is coordinating outreach events in each school district listed above and will ensure that presentations on HFP/MCC are accomplished. Additionally, they will ensure that representatives from other health groups, i.e., California Kids, Kaiser Permanente For Kids, Access for Infants and Mothers (AIM), and Women, Infants and Children (WIC), are present.

Examples of RHA=s collaborative efforts with schools are outlined in the paragraphs below.

Santa Monica, February 27, 1999

A Healthy Families Enrollment Day was held at the John Adams Middle School in Santa Monica. This event was hosted by RHA with the help of the City of Santa Monica Social Services Commission, the Santa Monica-Malibu Unified School District, St. Joseph Hospital, and Venice Family Clinic.

Parents were instructed by CAAs who were fluent in both English and Spanish, and in other predominant languages as needed. Information was provided on the eligibility criteria for the various health programs, costs and benefits, immigration facts, and how to use the Healthy Families handbook when preparing an application for their children. Six EEs with 22 CAAs provided education and application assistance to approximately 300 people. Ninety-five families received application assistance and 180 children were determined eligible for either the HFP/MCC.

Parent Summit, December 12, 1998

The Los Angeles Unified School District hosted a Parent Summit at the Los Angeles Convention Center, attended by approximately 2500 parents. RHA, working with Health Care Access Partnership, sponsored three workshops on

HFP/MCC. About 200 parents attended the workshops and approximately 457 Healthy Families applications and handbooks were distributed.

RHA=s efforts in school outreach has reflected an increase in approved applications for the HFP in the nine targeted counties, as follows:

PRIORITY COUNTY	SEPTEMBER ENROLLMENTS	CURRENT ENROLLMENTS	PERCENTAGE INCREASE
Alameda	680	2099	308.68%
Fresno	536	2260	421.64%
Los Angeles	15741	33338	211.79%
Orange	1380	5536	401.16%
Riverside	750	3436	458.13%
Sacramento	487	1835	376.80%
San Bernardino	930	4144	445.59%
San Diego	955	4555	476.96%
Santa Clara	459	2047	445.97%

Data on increased Medi-Cal approved applications is not readily available.

III. LOCAL SCHOOL OUTREACH: SACRAMENTO MAYOR’S COMMISSION ON OUR CHILDREN’S HEALTH

On November 19, 1998, Sacramento Mayor Joe Serna, Jr. held a press conference to announce the formation of the Sacramento Mayor=s Commission on Our Children=s Health. The Commission is a collaboration between five major health systems -- Sutter Health, Kaiser Permanente, Mercy Healthcare Sacramento, Shriners Hospitals for Children in northern California, and the University of California at Davis Medical System -- the Sacramento City Unified School District (SCUSD) and local government agencies.

The Commission, in a coordinated effort with the five healthcare systems and in partnership with 10 targeted low-income city schools, was created to improve the health and well being of children in Sacramento by increasing access to no-cost or low-cost private and public health insurance programs.

Each health system is partnering with two pilot schools within Sacramento City Unified School District (SCUSD) that is intended to:

- X Improve enrollment in the Healthy Families/Medi-Cal programs.

- X Develop a health curriculum collaboratively with SCUSD to be utilized in both middle and high schools.
- X Develop a referral process between government and private children's health insurance programs.
- X Increase awareness of no and low-cost health insurance alternatives.

The Commission also established a temporary local hotline to refer callers to local EEs to handle calls following their press event and news coverage. The Mayor's Office reported they had received 189 calls within two weeks following the press event and news coverage. All callers residing in Sacramento City and County were referred to a local enrollment entity, and all out-of-county callers were referred to the State's information and referral toll-free line (1-888-747-1222).

The Commission's first major school outreach effort will begin this spring and will continue through the end of the school year in mid-June. As of October 1998, only 800 Sacramento children had enrolled in HFP. The Commission intends to enroll 2,500 families over a two-year period, which will provide health care coverage for approximately 7,500 children.

The chart and fact sheet on page E-85 and E-86 describes the relationship of all the partners involved in this very promising collaboration.

IV. SUCCESSFUL COMMUNITY-BASED ORGANIZATIONS (CBOs)

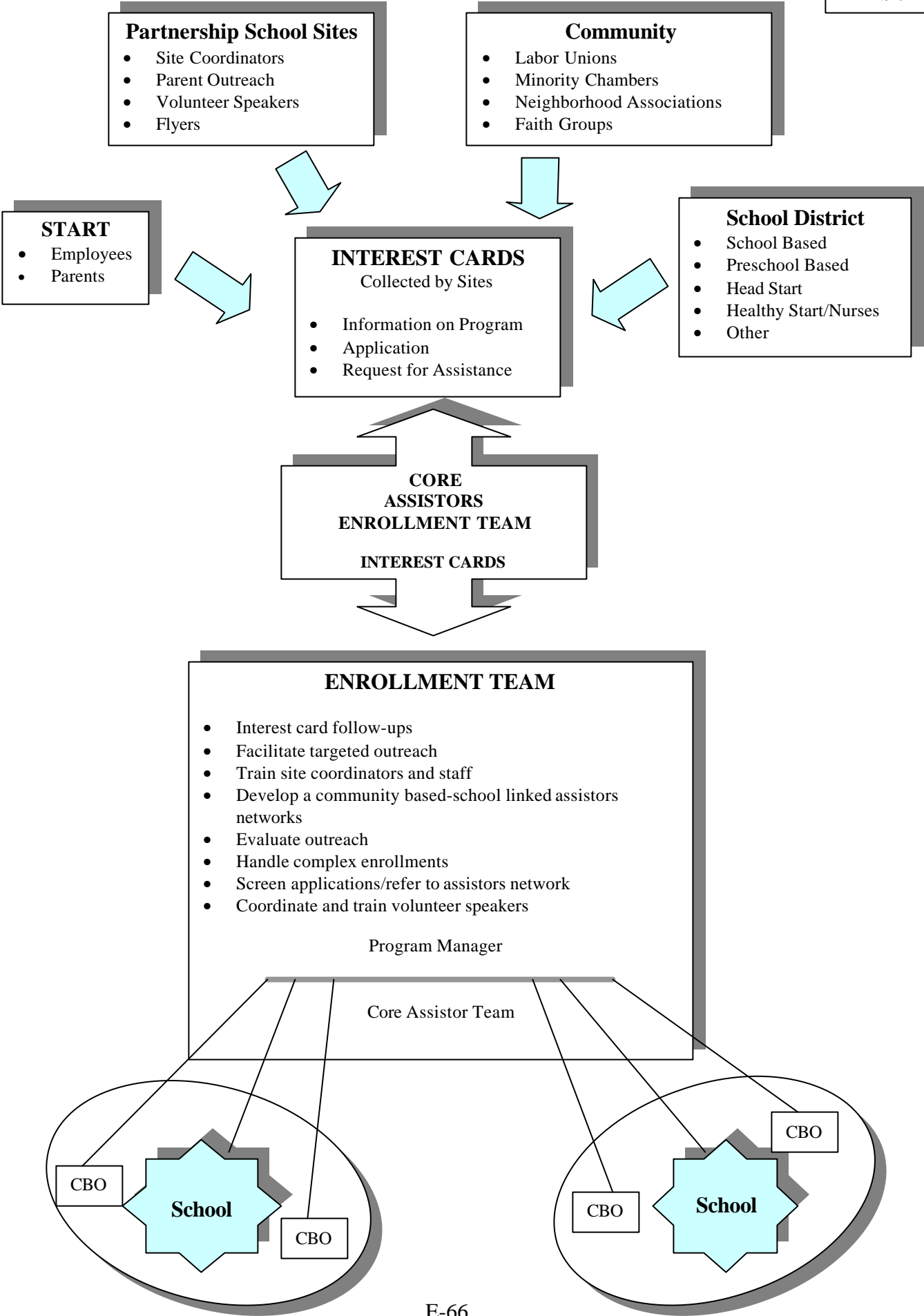
CBOs play an important role in the HFP/MCC outreach efforts, especially in reaching targeted, under-served populations. The following is a list of some of the activities that CBOs have initiated:

- X The Korean Health Education, Information, and Resource Center (KHEIR), enrolled over 800 children.
- X Two Latino organizations in Stockton, the Council for the Spanish Speaking, and Community Medical Centers, Inc., have enrolled the fourth highest number of children (over 900) of any county in the state.
- X North East Medical Services (NEMS), a clinic in San Francisco's Chinatown, is most productive EE in the state. NEMS also created their own video in Cantonese about the HF/MCC programs.
- X The Assessing Benefits for Children (ABC) Project, a group of 30 organizations in Los Angeles, is working as a collaborative to provide information and facilitate the receipt of healthcare services for eligible children and teens in the African-American community in southern Los Angeles.

- X The Solano Kids Insurance Program (SKIP) in northern California, and Ronald F. Huntley & Associates in southern California, are each responsible for enrolling over 100 children in the HF/MCC Program.

These are only some of the CBOs who have produced flyers and other collateral marking materials, and initiated enrollment activities in order to help the children in their community obtain health benefits. These successes help confirm that individual CBOs know best how to outreach to their communities.

Other CBOs have expressed a desire to increase their community outreach activities, but lack the funds necessary for producing materials or sponsoring events. (See discussion in “Application Assistance Fees” and “Community Contracts” section for further details.)



FY 1998-99 Advertising

All ads were designed to stimulate calls to the toll-free telephone line. Television and radio advertising placement was selected by type of programming as well as time of day to enhance the reach to the target audience.

As required by the RS&E contract, the contractor=s team of media buyers have negotiated at least a 30 percent minimum bonus weight on behalf of the state for promotional media buys. As a result, the campaign has received broadcast programming upgrades, rate discounts, and pro bono radio and television time slots. In addition, RSE as the campaign media contractor, purchases statewide media in a volume that proves to be more cost effective and efficient than if media was purchased individually in local markets.

Television was the primary medium to convey the HFP/MCC messages and create an overall recognition of the program. Television was chosen because it is the most heavily used medium in low-income households, regardless of ethnicity.

HFP/MCC television spots have been developed in two languages -- English and Spanish. The English language spots, also referred to as general market spots, began airing statewide in July 1998. The Spanish language spots also launched in July 1998.

A total of seven general market spots were developed. Five 30-second spots and two 15-second spots. Two 30-second Spanish-language spots were developed for television.

Radio was selected to complement general market television advertising to launch the campaign and reinforce messages, especially among the younger population. For Hispanic advertising, radio was recommended as the primary vehicle in key markets to provide a strong call-to-action (i.e., to call the toll-free information line).

The HFP/MCC radio spots have been developed in two languages -- English and Spanish. The general market spots began airing statewide in July 1998. A total of four 60-second radio spots were developed -- two general market spots and two Spanish language spots.

General Market 30-second television advertisements:

Taking My Son - an African-American father takes his son to a routine health check up at the doctor=s office instead of an emergency room where he usually

had to go prior to getting health coverage. The theme of this spot is preventive health care and that uninsured families can get coverage for their kids.

No Benefits - a conversational piece depicts several multi-ethnic working parents voicing their concern about not having health coverage for their kids. The theme of this spot is the availability and affordability of new low-cost (and no-cost) health coverage.

Cooks - two Latino kitchen workers are featured in the same ad copy as **No Benefits** described above.

Roll Call - a classroom scene of multiethnic students features a young girl, Maria, arriving at class just as the teacher is taking attendance. The theme of this spot is that more California children like Maria arrive at school healthy and ready to learn because they have medical, dental and vision coverage now.

Kids Need It - a rhyme regarding the importance of preventive care for children is heard while scenes of multiethnic children with health needs such as medical, vision, dental care, and other preventive care are shown. The theme of this spot is the benefits of ongoing, continuous health care for kids.

General Market 15-second television advertisements:

Chances Are - scenes of multiethnic children receiving medical, dental and vision exams are shown while announcer copy advises parents that “if your child doesn’t have health coverage, they are not getting the check ups they need.”

Your Job - same scenes as described in **Chances Are** - announcer copy focuses on the message, “if your job doesn’t offer health coverage for kids, they are not getting the check ups they need.”

Since the launch of the campaign, the ads listed above have been rotated to keep the advertising messages fresh to the target audience. Ads have been placed in all markets statewide: Bakersfield, Chico-Redding, Eureka, Fresno, Los Angeles, Monterey, Palm Springs, Sacramento, San Diego, San Francisco, Santa Barbara, and in Imperial County.

General Market 60-second radio advertisements:

Leaving Work - a companion to the television spot, *ATaking My Son*. This ad’s theme emphasizes that working parents can now obtain affordable health coverage for their kids.

Kids Need It - a companion to the television spot, *AKids Need It*. This ad’s theme is the importance of preventive health care.

In July and August 1998, radio advertising launched the campaign in the following statewide media markets: Bakersfield, Fresno, Los Angeles, Monterey, Palm Springs, Sacramento, San Diego, San Francisco, Santa Barbara, and in Imperial, Lassen, Modoc, Mono, and Siskiyou counties. Currently, ads are purchased in the following media markets: Fresno, Los Angeles, Sacramento, San Diego, San Francisco, and in Lassen, Modoc, Mono and Siskiyou counties.

Spanish Language 30-second television advertisements:

Kids Need It - This ad has the same theme as the English version, however, the visuals portray a loving Latino mother with her son and a series of photographs of the son having a broken arm, measles, a need for glasses, etc. The theme of this ad is preventive health care.

Roll Call - This ad shows the same scenes as the English version described above. Announcer copy is in Spanish.

To launch the campaign, Spanish language television was purchased in July, August, and September 1998 in the following media markets: Bakersfield, Fresno, Los Angeles, Monterey, Palm Springs, Sacramento, San Diego, San Francisco, Santa Barbara, and Imperial County. In January 1999, Spanish language television ads ran again in the same statewide markets.

Spanish language 60-second radio advertisements:

Alarm - This ad uses a smoke alarm sound effect to draw the comparison between the sound a fire alarm makes to that of a child who cries out that he/she has an ear ache. The theme of this ad is the availability of health care coverage.

You Have 60 Seconds - This ad conveys an urgency for parents to call the toll-free number to obtain information about low-cost and no-cost health coverage. The theme of the ad is preventive health care.

To launch the campaign, Spanish language radio was purchased in July and August 1998 in the following markets: Bakersfield, Fresno, Imperial County, Los Angeles, Monterey, Palm Springs, Sacramento, San Diego, San Francisco, and Santa Barbara. During November 1998, January 1999, and February 1999, four major markets were purchased: Fresno, Los Angeles, San Francisco-San Jose, and San Diego.

Outdoor ad postings complement radio, television and print to provide further visual stimulation and call-to-action. The campaign has developed and posted outdoor advertising statewide in nine languages: English, Spanish, Vietnamese, Hmong, Chinese, Lao, Armenian, Russian, and Cambodian. The outdoor advertising has been posted in neighborhoods throughout the state in four different sizes to effectively reach target audiences. These include: bus tails

(July 1998 through September 1998); 30-sheets (July 1998 through January 1999); 8 sheets (July 1998 through September 1998) and Spanish language interior bus cards with “take-one” pads (September 1998 through June 1999).

Two phases of outdoor advertising have been promoted by the HFP/MCC campaign since the launch. For the campaign launch, the initial goal of outdoor advertising was to increase awareness of the availability of low-cost and no-cost health coverage for kids and to brand the program. This ad was produced in nine threshold languages (there was no advertising in Farsi).

A second outdoor advertisement was unveiled in the fall of 1998 that was developed to depict healthy, happy multiethnic, multicultural children holding hands in a circle to represent the benefits of health coverage available through HFP/MCC. This outdoor ad also was posted in nine threshold languages.

Outdoor advertising markets throughout the state included: Bakersfield, Fresno, Los Angeles, Monterey, Sacramento, San Diego, San Francisco, Santa Barbara, and Imperial County.

To further reach the Latino population, Spanish-language interior bus cards were placed in bus routes with high Latino ridership. The interior bus cards display feature tear-off pad “take-one’s” that promote the HFP/MCC in the following markets: Fresno, Los Angeles, Monterey, Palm Springs, Sacramento, San Diego, and San Francisco.

Ethnic print was developed to target selected under-served communities statewide. The HFP/MCC ethnic print advertisements have been developed in five languages - English for the African American market, Spanish, Vietnamese, Chinese and Cambodian. The ethnic print ads launched in September 1998.

A total of six ethnic print ads were developed and placed in statewide publications. One Spanish-language ad; two African-American print ad messages; and a series of three Asian language messages which were produced in Chinese, Cambodian and Vietnamese.

Provided below is a description of the print advertising activities conducted during fiscal year 1998-1999.

African-American Print Ads: One African-American print ad featuring a mother and her two sons focuses on the affordability of health coverage for children of working parents. A second print ad featuring a family photo recognizes the father’s role in making decisions about health coverage for his children. The ads have appeared in the following markets: Los Angeles, Bakersfield, Sacramento-Stockton-Modesto, San Francisco-Oakland-San Jose, and one statewide publication.

Additionally, a pro bono placement of the African-American family print ad has been featured in over 500,000 winter/spring 1999 UPN Discovery Guides distributed throughout several San Francisco Bay area counties.

Asian Language Ads:

A series of three Asian ads were developed to introduce the HFP. The three ads featuring photos of healthy young Asian children incorporate traditional and cultural values in the ad copy. The ads are published in Chinese, Cambodian and Vietnamese newspapers in the following markets: Los Angeles, Sacramento-Stockton-Modesto, San Francisco-Oakland-San Jose, and several statewide publications.

Spanish Language Ad:

One Spanish language ad featuring a photo of a small boy being fed soup by his mother was developed to introduce the HFP in the Latino community. The ad appeared in the following markets: Fresno, Los Angeles, Monterey, Salinas, Sacramento-Stockton-Modesto, San Diego, and San Francisco-Oakland-San Jose.

Customized Print Ads for Community Outreach:

To enhance HFP/MCC outreach efforts for CBOs, CAAs and EEs, one version of a print ad in each language has been reformatted for customization of the entity's name and phone number for their use as purchased ad space in local newspapers. These customized ads are available to the organizations at no charge.

Healthy Families Program
Radio, TV & Newspaper Interviews By MRMIB Staff

OUTLET	LOCATION	DATE	LANGUAGE	SOURCE
SAN JOSE MERCURY NEWS	San Jose	01/15/98	English	Newspaper
LOS ANGELES TIMES	Los Angeles	01/15/98	English	Newspaper
CALIFORNIA HEALTH LAW MONITOR		04/20/98	English	Periodical
SACRAMENTO BEE	Sacramento	04/21/98	English	Newspaper
SACRAMENTO BEE	Sacramento	05/09/98	English	Newspaper
COMPUTER RESELLER NEWS		07/13/98	English	Online
PARENT'S JOURNAL	Sonoma County	08/00/98	English	Magazine
DAILY BULLETIN ONLINE		08/27/98	English	Online
SACRAMENTO BEE	Sacramento	08/28/98	English	Newspaper
SAN JOSE MERCURY NEWS	San Jose	09/03/98	English	Newspaper
INLAND VALLEY DAILY BULLETIN	San Bernardino County	09/09/98	English	Newspaper
SACRAMENTO BEE	Sacramento	09/12/98	English	Newspaper
CALIFORNIA'S HEALTHCARE INDUSTRY NEWSWEEKLY		09/21/98	English	Med FAX
THE WALL STREET JOURNAL CALIFORNIA		09/30/98	English	Newspaper
SAN JOSE MERCURY NEWS	San Jose	11/27/98	English	Newspaper
SAN FRANCISCO POST	San Francisco	12/02/98	English	Newspaper
NEWS HERALD & JOURNAL		12/09/98	English	Newspaper
CONTRA COSTA TIMES		12/09/98	English	Newspaper
MANILA MAIL		12/16/98	English	Newspaper
VIDA EN, EL VALLE		12/16/98	English	Newspaper
AUBURN JOURNAL	Auburn	12/16/98	English	Newspaper

**Healthy Families Program
Radio, TV & Newspaper Interviews By MRMIB Staff**

TAHOE WORLD FAIRFIELD		12/17/98	English	Newspaper
FAIRFIELD REPUBLIC	Fairfield	12/30/98	English	Newspaper
OAKLAND TRIBUNE	Oakland	01/09/99	English	Newspaper
CALIFORNIA HEALTHLINE		01/14/99	English	Online
SAN FRANCISCO CHRONICLE	San Francisco	01/15/99	English	Newspaper
THE MODESTO BEE ONLINE	Modesto	01/15/99	English	Online
SAN FRANCISCO CHRONICLE	San Francisco	01/15/99	English	Newspaper
SACRAMENTO BEE	Sacramento	01/16/99	English	Newspaper
SACRAMENTO BEE	Sacramento	01/16/99	English	Newspaper
PRESENTATION-COMMUNITY EVENT / ASSEMBLYMAN GALLEGOS	Los Angeles	06/26/98	Spanish	TV
HEALTHY FAMILIES LAUNCH	Los Angeles	06/29/98	Spanish	TV Newspaper
CHANNEL58	Los Angeles	07/02/98	Los Angeles	TV
CHANNEL31	Fresno	07/21/98	Spanish	TV
CHANNEL 58	Fresno	07/21/98	Spanish	TV
KMSG-TV	Fresno	07/27/98	Spanish	TV
KFTV-TV	Fresno	07/27/98	Spanish	TV
RADIO NUEVA	Camarillo	08/04/98	Spanish	Radio
REDDING MEDIA EVENT	Redding	08/13/98	English	TV Newspaper
STOCKTON MEDIA	Stockton	08/25/98	Spanish	TV Newspaper

**Healthy Families Program
Radio, TV & Newspaper Interviews By MRMIB Staff**

EUREKA MEDIA EVENT	Eureka	09/03/98	English	TV Newspaper
KGST-AM	Fresno	09/08/98	Spanish	Radio
PRESS CONFERENCE	Los Angeles	10/06/98	English	Newspaper
INTERVIEWS	Los Angeles	10/07/98	Spanish	3TV Stations
KGST-AM	Fresno	10/13/98	Spanish	Radio
KGST-AM	Fresno	11/9/98	Spanish	Radio
KCHJ	Bakersfield	11/9/98	Spanish	Radio
KZSF-AM	San Jose	12/08/98	Spanish	Radio
CABLE ACCESS	Grass Valley	01/13/99	English	TV
KWKW-AM	Los Angeles	01/19/99	Spanish	Radio
DAILY NEWS BUREAU	Los Angeles	01/22/99	English	Newspaper
KLNV/KLQV-AM	San Diego	02/01/99	Spanish	Radio
KLNV/KLQV-AM	San Diego	02/07/99	Spanish	Radio
KFTV-TV	Fresno	02/10/99	Spanish	TV
KUVI-TV	Bakersfield	02/09/99 & 02/13/99	English	TV
KIQI	San Francisco	02/17/99	Spanish	Radio

FY 1998-99 Public Relations

Healthy Families Pre-enrollment Campaign

During the period of January through June 1998, separate from the \$21 million dollar HFP and MCC outreach and education campaign, MRMIB budgeted \$300,000 to develop and implement a pre-enrollment campaign. Implemented by MRMIB staff, the pre-enrollment campaign consisted of print materials (copy-ready flyers and a foldout brochure) designed to generate interest in the HFP and collect names of families requesting an application. Pre-enrollment materials were made available in the following ten languages: English, Spanish, Farsi, Vietnamese, Lao, Chinese, Armenian, Hmong, Cambodian and Russian.

Copy-ready HFP flyers (44,000) were developed for distribution to CBOs and other stakeholders interested in reproducing and distributing flyers to their constituents. Flyers were distributed to organizations such as, PTA, Los Angeles County Children's Planning Council, clinics, day care providers, Catholic Hospital Council, schools, churches, and county outreach workers.

Samples of the flyer in English and Spanish are included in this report.

HFP foldout brochures (100,000) were developed and mailed to Medi-Cal share of cost recipients under age 19 and the general public. These brochures include a tear off, mail-in postcard and the toll-free number to request applications and program information. Brochures were distributed via direct mail to households in targeted zip codes; outreach activities through the Access to Infants and Mothers (AIM) program outreach workers; and through scheduled overview presentations, conferences, and health fairs.

As a result of these efforts, close to 3,000 requests for application were made via the mail-in postcard. The bulk of the requests were for English-language applications. The second most common request was for Spanish-language applications.

Campaign Launch Events

The HFP and MCC campaign was launched with a press conference on June 30, 1998, at the Boys and Girls Club in West Hollywood. State officials announced the implementation of the HFP and MCC, the joint mail-in application, and the availability of trained CAAs. This press event generated significant media coverage statewide in general market media, Hispanic and Asian press.

To promote community awareness and involvement in the HFP and MCC, as well as to build enthusiasm and recognize local outreach efforts and enrollments, four local community events were held during summer/fall 1998 (Redding,

Stockton, Eureka and Fresno). Participation of state health officials, local community-based organizations, providers, educators, community leaders, and newly enrolled children and their families contributed to the positive outcomes of these events and successful news stories.

As a result of the local media events, there was a direct correlation to increases in toll-free line call volume. Further enhancing the launch events was the availability of MRMIB=s HFP Spanish-speaking spokespersons.

Several English- and Spanish-language television and radio ads were developed for the campaign launch to reach target populations.

Direct Mailings in June - August 1998

In order to reach all potentially eligible families, the HFP/MCC program information and/or applications and handbooks were mailed to share-of-cost Medi-Cal beneficiaries, community partners and organizations to encourage enrollment and participation during the period of June 1998-August 1998. The statewide HFP/MCC program information distribution mailing included:

- X Healthy Families accordion-fold postcard containing general information (in ten languages) and a return card to request an application to 100,000 Medi-Cal share-of-cost beneficiaries;
- X Information letter, application and handbook to 79,000 Medi-Cal share-of-cost beneficiaries (41,384 English and 36,373 in Spanish);
- X Letter and 15 applications and handbooks (10 English and 5 Spanish) to 7,300 CBOs in RHA=s database that includes primary care and family health organizations, Healthy Start contractors, county Office of Education superintendents, district superintendents for all state school districts, Head Start sites, and subsidized day care centers;
- X Applications and handbooks to 109 county mental health clinics;
- X Applications and handbooks to 115 Employment Development Department Job Service offices;
- X Applications and handbooks to 188 District Attorney/Family Support Division offices.

Other agencies frequented by potential applicants were also contacted to assist in the application distribution effort. Those agencies are: Department of Alcohol and Drug Program perinatal clinics; local Department of Motor Vehicles offices; libraries; Franchise Tax Board; Parks and Recreation Department; and Women, Infant and Children (WIC) Program.

Direct mailing to the interested agencies was suspended pending revision and printing of the mail-in application. Costs to ensure that the public has access to the applications and HFP handbooks at public service counters and in reception areas could be reduced by displaying collateral informational materials such as posters, flyers, postcards and pamphlets.

Successful Collaborations

Another local effort, separate from and not currently budgeted in the HFP and MCC education and outreach campaign, was initiated by *Radio BilinguJ*. in coordination with MRMIB staff. Several Spanish language radio PSAs were produced regarding the HFP and have been made available at no charge to CAAs and EEs to use in their community outreach efforts. Additionally, prominent Latino leaders, Assembly Speaker Antonio Villaraigosa and Dr. Sandra Hernandez have recorded radio PSAs to increase awareness about the availability of the HFP and MCC in the Latino community.

Additionally, MRMIB and DHS directorate and staff promoted HFP and MCC throughout the state with various legislators from the Senate and the Assembly and at local community events. Some of the areas included were: San Diego, Los Angeles, Bakersfield, Fresno, Vallejo, Napa, Fremont, San Jose, San Francisco, Sacramento, Clear Lake, Ukiah, and Eureka.

MEDIA RELATIONS

In addition to the launch event and four community events, a number of communication initiatives have been implemented throughout the state to promote and support the enrollment of eligible children in HFP and MCC.

General Market, Hispanic, and Asian Press/Radio/TV Interviews

As described earlier under the Campaign Overview, more than 170 general market print articles, 52 Hispanic print articles, and 14 Asian print articles were published statewide during the first six months of the HFP and MCC campaign. This public relations effort provided a sound foundation for promoting the availability of HFP and MCC in all communities. A detailed listing of the publications, estimated circulation and number of impressions is attached below.

MRMIB's bilingual English and Spanish staff participated in television and radio news interviews and talks shows focusing on the availability of the HFP and MCC to heighten program awareness and increase enrollments. These programs aired throughout the state in densely populated Latino communities such as Los Angeles, San Diego, San Francisco Bay Area, Fresno, and Bakersfield. A detailed listing of the interviews conducted by MRMIB staff is provided in Exhibit 6.

Opinion Editorials (op-ed) Targeting General Market, Latino, and African-American families.

Prior to the launch of HFP and MCC, an op-ed was co-authored by former DHS Director Kim Belshé and MRMIB Executive Director Sandra Shewry in several major daily papers. In February 1999, in recognition of National Children's Dental Health month, the Hispanic Dental Association wrote a Spanish language op-ed regarding the benefits of the HFP that has been distributed to Hispanic publications statewide. A series of op-eds is planned for statewide release to African-American newspapers in the near future.

Upcoming publications in La Opinión and La Opinión para ti.

Agreement has been reached with La Opinión, California's only Spanish-language daily newspaper serving the Los Angeles area, to develop a series of several weekly articles regarding children's health issues as well as a stand alone supplement to be published later this year in both La Opinión and La Opinión para ti, a weekly home-delivered bilingual paper. Additional collaborative outreach efforts may include broadcast partnerships and a health fair to reach Los Angeles area Latino families to encourage enrollments in HFP and MCC.

Radio Public Service Announcements (PSAs) and H&R Block Radio Ads.

Several English and Spanish language PSAs have been prepared for distribution to radio stations throughout the state to augment the paid HFP and MCC advertising schedule.

The Spanish language announcer copy PSAs have been distributed to 21 radio stations statewide as part of the HFP and MCC campaign's paid radio advertising schedule negotiated by the Bravo Group, the Hispanic advertising subcontractor.

As part of the campaign's agreement with H&R Block to enroll children in HFP and MCC, three English and Spanish language PSAs in a format of live-announcer copy were developed. H&R Block offered to have southern California stations run HFP and MCC PSAs as part of their winter 1999 tax season media buys.

Fall 1998 Press Conference

In October 1998, state officials held a press conference in Los Angeles to unveil HFP and MCC program revisions and enhancements. This press conference resulted in positive press in both ethnic and mainstream media throughout the

state. As a result of this press conference, many one-on-one interviews with state officials were requested by all mediums.

Editorial Boards

To increase enrollments in HFP and MCC among under-represented Latino families, state officials have met with the editorial boards of three of the largest Hispanic newspapers in California: Excelsior (Orange County), La Opinión and La Opinión para ti. Additional editorial board meetings were held with general market urban and rural newspapers to proactively provide the media with current and accurate information about HFP and MCC.

General Market and Hispanic Matte Release

A “New Year=s resolution” themed English and Spanish language article regarding HFP and MCC distributed to daily and weekly newspapers statewide in early 1999. The article was prepared in a news story format that could be published easily by newspapers without any editing or formatting.

FY 1998-99 Campaign Spokespersons

Campaign Spokespersons

The purpose of utilizing spokespersons in the HFP and MCC Education and Outreach Campaign is to:

- X Increase reach, awareness and message delivery among the general public and target populations through high visibility in media and other communications from respectable third party spokespersons who are well-known, credible and external.
- X Extend the reach and frequency of paid advertising.
- X Enhance enrollment efforts.
- X Support the participation of sponsors and coverage by the media through spokesperson participation in interviews, news reports and feature stories, public service announcements (PSAs), personal appearances and other relevant activities.

Types of Spokespersons

- X Celebrity spokespersons are most notable for their ability to lend their public recognition and personal endorsement to the cause and its sponsor organization.
- X Non-celebrity spokespersons can provide valuable reach beyond target populations to key influentials as well as into hard-to-reach communities and when serving as advocates for and to their constituencies. These can include ethnic community leaders, health care professionals, business leaders, opinion-makers in the non-profit service community and may include first person testimonials from beneficiaries.

Spokespersons Utilized for the June 1998 Launch

A variety of pro bono spokespersons were featured at the June 1998 campaign launch. Mobilization of many respected multicultural and multilingual spokespersons led to the credibility of the June 1998 launch event and resulted in extensive news coverage.

- X A special edition vignette consisting of a mix of statements from respected Los Angeles community leaders representing constituencies and

entertainers including Giselle Fernandez of NBC's "Access Hollywood," Constance Marie (English/Spanish actress) and Maria Conchita Alonzo (actress and television personality) was developed to kick-off and lend credibility to the event. Recognized newscaster and community leader, Mario Machado, acted as the master of ceremonies.

- X In addition to representatives of the Health and Welfare Agency, MRMIB and DHS directorate, and MRMIB board members, John Bryson, President and CEO of Edison International, spoke at the June 1998 to lend corporate support and garner business interest for the Corporate Council.
- X Satisfied families who were enrolled in Healthy Families were also present to provide first-person testimonials to the press in English and Spanish.

FY 1998-99 Sponsorships

Sponsorships and Other Partnerships

Sponsors representing a wide variety of industries have volunteered to provide various types of support including: promotional support, information dissemination, endorsement, underwriting and/or in-kind contributions. Thus, available campaign funds and visibility are maximized. For the relatively small sponsorship allocation of \$170,000 from the FY 1998-1999 HFP/MCC outreach and education contract budget, the state has received tremendous exposure value worth many times that amount.

The public relations subcontractor, H&K, began efforts to enlist sponsor support from the inception of the campaign. DHS recognized the added value of these partnerships based on the successes of other DHS campaigns such as the corporate sponsorships developed during the last seven years under the BabyCal Perinatal Outreach Campaign.

Development of a comprehensive sponsorship base usually occurs by building relationships and achieving results over time. A participation agreement is customized for each sponsor according to their level of involvement and type of business. Because corporations and agencies have limited funds available for public and community service efforts, many non-profit groups compete for funds that are normally allocated yearly. Thus, substantial lead time is usually required to secure sponsors. The HFP/MCC Campaign garnered visible sponsor involvement from the June 1998 launch forward. HFP/MCC was able to mobilize sponsors relatively quickly because of H&K's access to top management in several key corporations and by building on previous DHS successes with other campaigns.

Strategies and tactics:

- X Develop and design effective individual strategies creatively tailored to each sponsor's business and resources available.
- X Fulfill existing pledges of support from interested sponsors resulting in real, measurable achievements. Ensure that initial commitments are met and encourage higher levels of commitment.
- X Develop win-win sponsorship opportunities that require a minimum of effort for sponsor participation and result in the most exposure per campaign dollar invested. Corporations do not receive tax credit for their support since the state is not classified as a non-profit organization.
- X Maintain strong relationships with and gain additional value from existing

sponsors when specific projects conclude by identifying additional participation opportunities for sponsor participation.

- X Add to the sponsorship base by soliciting new companies and organizations that reach our target audiences while examining gaps that might exist geographically, demographically or linguistically.
- X Generate favorable publicity by enlisting solid, new sponsors and reinforcing existing relationships with current sponsors; offset campaign costs with underwriting support from the sponsors.
- X Maximize pro bono value and recruit reputable and resourceful corporate support (such as the Corporate Council formed under the leadership of John Bryson, CEO for Edison International).
- X Enlist sponsor backing to develop and disseminate information and materials related to individual sponsor=s agreement.
- X Develop community service announcements to extend the reach of public relations efforts through internal and external promotional messages such as placement of messages in employee and customer newsletters, bill inserts, broadcast and print advertising tags, stadium score boards, customer television monitor, and other opportunities.

Current Sponsors and Their Level of Support

X Edison International/Southern California Edison

In October 1998, a billing insert providing HFP/MCC information in English and Spanish was sent to 4.5 million business and residential customers representing 11 million people. Program information also appeared in Edison=s internal company newsletter. Booth space was donated at the Los Angeles County Fair for distribution of multilingual collateral materials to families.

Other activities with Edison are in development such as an offer to display English-Spanish community service messages on its electronic marquee at Edison Field (home of the Anaheim Angels) during baseball season, and a special exhibition baseball game in April 1999.

Further, Edison International CEO and President, John Bryson, volunteered to act as the Chairperson of the HFP/MCC Corporate Council. In this capacity, Mr. Bryson participated in the June 1998 launch to encourage the support of other corporate sponsors. Currently, Mr. Bryson has pledged to author a "Dear Colleague" letter addressed to the top 100 California-based businesses to solicit additional sponsors.

X Raley=s and Bel Air Supermarkets

This dominant northern California supermarket chain donated panel space on its store brand milk and juice cartons, paper shopping bags, and the backs of cash register receipts to advertise HFP/MCC. Campaign information was also inserted in June and July 1998 Sacramento Bee food section and the stores' advertising circulars. English-Spanish tear-off pads were displayed in their pharmacies and panel cards were distributed at cashier stations. Additionally, radio commercials were tagged with HFP information.

X Rite Aid Drug Stores

This statewide drug store chain is:

- X accepting cash payments for HFP monthly family contributions,
- X displaying bilingual English-Spanish material in 650 stores statewide,
- X including informational stuffers in pharmacy purchases,
- X offering to host an enrollment event in the Los Angeles area, and
- X underwriting the cost of printing interior bus cards for the Metropolitan Transit Authority sponsorship activity described below.

Additionally, a Rite Aid executive participated as the corporate sponsorship speaker at the state=s local launch event held in Fresno in August 1998.

X Metropolitan Transit Authority (MTA)

MTA will donate space for interior bus cards with bilingual English-Spanish tear-off pads (underwritten by Rite Aid) in its entire fleet of 2,200 public buses serving Los Angeles County. With one million riders each day, it is estimated that there will be an estimated 182 million impressions over a six month period.

X Bay Area Rapid Transit (BART)

BART donated space on its 56 Metro Vision monitors in all San Francisco and Oakland terminals for HFP/MCC campaign messages to run as often as every 10 minutes in English and Spanish for one year through July 21, 1999.

X Founders National Bank

This African-American owned bank is currently distributing bilingual informational materials to their African-American and Latino customers at

its five south Central and southeast Los Angeles branches. Founders plans to include bilingual program information in their bank statements and to support future enrollment events in the Los Angeles area.

X Circle K Convenience Stores

Circle K convenience stores and gas stations statewide are displaying bilingual English-Spanish collateral materials at their 407 outlets.

X Food 4 Less

The low-cost supermarket chain displays bilingual English-Spanish collateral in its 80 stores in southern California.

X Vitasoy USA

The marketer of soy-based beverages that are popular among Asian American and urban youth donated space in its Chinese-language newspaper ads and television commercial to publicize the campaign=s toll-free number.

X Ranch 99 Markets

This supermarket chain catering to Asian shoppers distributed information in Chinese to its 10 stores statewide and displayed posters in English, Spanish and Chinese at the start of the 1999 lunar Chinese New Year.

X Major League Soccer, Los Angeles Galaxy

This major league soccer team donated public address time and score board space for English and Spanish messages viewed by more than 50,000 fans who attended the 4th of July major league soccer game at the Pasadena Rose Bowl last year.

X Boys and Girls Clubs

The Boys and Girls Club of Hollywood provided, at no cost, a site for the launch event in June 1998.

X Public Agency Sponsorships

Public agencies sponsor campaign activities by placing informational materials in their public waiting areas. These agencies (or programs) include:

- X Internal Revenue Service
- X Social Security Administration
- X Housing and Urban Development
- X Women, Infants and Children Program
- X Child Health and Disability Program
- X Department of Motor Vehicles
- X Employment Development Department
- X District Attorney's offices

An extensive list of other potential sponsors has already been identified by H&K and is under state review for compatibility with the state's goals and policies. H&K will continue to work with these organizations and identify specific sponsorship opportunities to reach targeted populations.

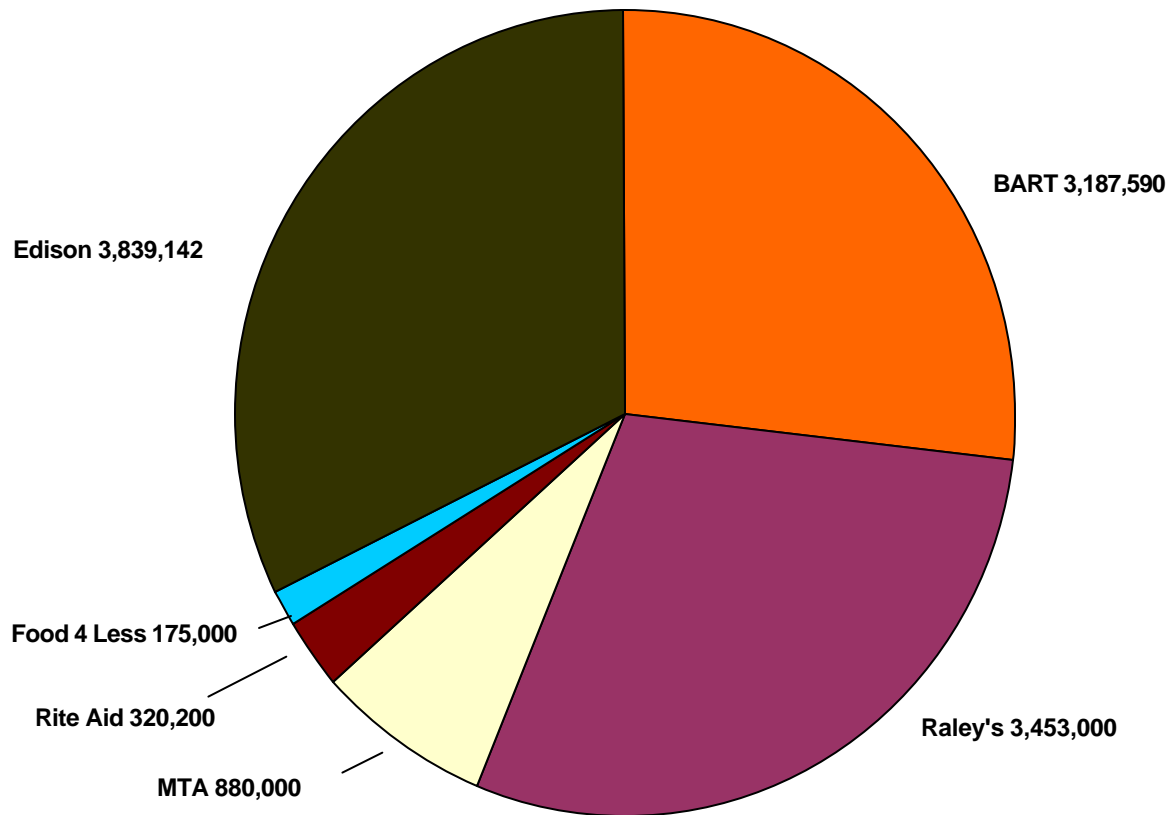
SPONSORS AND TYPES OF ACTIVITIES

<ol style="list-style-type: none"> 1. Health Fairs & Special Events 2. Advertising 3. HFP Collateral Materials Distribution 4. Sponsors' Collateral Materials with HFP Messages 5. Mailings (including bill stuffers, newsletter, etc.) 6. PSAs & Community Service Messages 7. Product Packing 8. Media Relations (including op-eds) 								
Current and Potential Sponsors	Types of Activities Involved							
	1	2	3	4	5	6	7	8
American Medical Response (AMR)*		X	X	X				
Bay Area Rapid Transit (BART)						X		
Boys & Girls Clubs	X							
Circle K			X					
Edison International/Southern California Edison	X	X	X		X	X		
Food 4 Less			X	X				
Founders National Bank (FNB)	X		X					X
H&R Block*						X		X
Hispanic Dental Association*	X							
La Opinion	X							
Metropolitan Transportation Authority (MTA)*			X			X		
MLS/LA Galaxy						X		
Raley's/Bel Air/Food Source	X	X	X	X			X	
Ranch 99			X					
Rite Aid	X	X	X	X				
San Diego Pharmacy Alliance			X					
Sav-On*			X					
Southern California Gas				X				
United Pharmacy Network Incorporated (UPNI)*			X					
Vitasoy USA	X	X						

**Planned and Prospective Sponsors*

Source: Hill and Knowlton, Inc.

IMPRESSIONS RESULTING FROM SPONSOR ACTIVITY



**Total Impressions:
11,854,932**

**Sponsor support received or
committed as of December 31,
1998 and based on sponsor
estimates.**

FY 1998-99 Collateral Marketing Materials

To complement the media and public relations efforts previously described, a variety of collateral marketing materials have been designed, developed, and produced by H&K for use by EEs and CAAs. Collateral marketing materials are distributed statewide to the target population by EEs, CAAs, and through schools, various health fairs, and other HFP/MCC sponsorship activities. These materials are distributed through RHA.

The basic objectives of the collateral marketing materials are to:

- X Promote the state=s campaign and its key messages.
- X Sustain enthusiasm among participating EEs, CAAs, and other program participants.
- X Extend and enhance paid media and outreach campaigns.
- X Stimulate calls to the toll-free line.
- X Enhance the education and enrollment of target populations.
- X Promote the continuity and annual renewal of HFP enrollees.

Materials are published in the ten designated threshold languages (English, Spanish Vietnamese, Chinese, Cambodian, Hmong, Russian, Armenian, Farsi, and Lao). During the next few months, Korean language will be added.

Most collateral marketing materials are developed in the same colors and style as the HFP/MCC application packet. A team of diverse professional subcontractors (African-American, Armenian, Asian, Latino, Persian and Russian) work with the prime contractor to help develop campaign collateral marketing materials that are culturally relevant. In addition, materials are focus-group tested with the target population and various CBOs and advisory committees prior to full-scale development and final production.

Demand for the multilingual, multicultural collateral materials has been increasingly high since the launch of the campaign. Communities utilize these collateral marketing materials to assist in enrollments in HFP and MCC. Since the launch of the campaign, demand has often exceeded available supply. Accordingly, production and distribution expenses have been higher than originally anticipated. With the limited budget and unanticipated expenses due to HFP/MCC start-up activities, the state has not been able to meet the demand for collateral marketing materials.

Description of Collateral Marketing Materials Developed and Produced to Date

Collateral was first developed as part of the MCC campaign in February 1998 and served as a pre-enrollment activity for the HFP:

MCC Brochure - A brochure was developed that includes a tear-off post card for the target population to send in their name and address to receive further information or a mail-in application for HFP and MCC. These brochures were distributed statewide through CBOs, schools, various health fairs, and through other HFP pre-enrollment activities.

Subsequently, additional collateral marketing materials were developed and unveiled at the launch of the HFP and MCC education and outreach campaign in June 1998:

Mini-Poster - A mini-poster, produced on high quality slick paper stock and developed in all ten languages, provides brief HFP information and prompts a call to the campaign's toll-free number to encourage enrollments. A total of 95,000 mini-posters were produced. As of March 12, 1999, over 62,000 have been distributed. The entire inventory of the English-language mini-posters was distributed by the week of August 7, 1998 (five weeks after the program launch). The entire inventory of the Spanish-language mini-posters was distributed by the week of December 18, 1998 (six months after the launch). It should be noted that some CBOs inappropriately used these mini-posters as flyers and distributed large quantities in their communities. The mini-poster continues to be one of the core collateral materials.

Panel Card - A one-page (double sided) informational panel card was developed that provides HFP benefits and eligibility information and also prompts a call to the campaign's toll-free number to encourage enrollments. More than 2.6 million panel cards, also printed in all 10 languages, were produced, and 1.6 million have been distributed. Because these materials are the most informative of all the collateral marketing materials, demand has been high. As a result, 600,000 English- and 100,000 Spanish-language panel cards were reprinted. The panel cards remain a popular collateral item.

Tear-Off Pad and Display - To promote HFP enrollment through community-based channels, H&K developed and produced small, table-top displays featuring tear-off pads with the campaign's toll-free number and basic information in English and Spanish. Originally, 10,000 of the bilingual tear-off displays and 40,000 tear-off pads were produced. Due to demand and additional sponsorship activities, a reprint of 37,500 displays and 75,000 tear-off pads were ordered. These materials have remained a popular collateral item and are a valuable tool in sponsorship efforts with pharmacies, retail stores and supermarkets.

Since the launch of the campaign, other collateral marketing materials have been added to this core group of materials:

Ready-to-Copy Flyers - To increase awareness of the availability of free application assistance and stimulate enrollments, particularly in the Hispanic community, H&K developed and produced an economical black and white ready-to-copy flyer in English and Spanish. These flyers can be customized, reproduced, and disseminated in mass quantities by CBOs, CAAs, EEs, providers, sponsoring companies and others. Originally, 10,000 English and 10,000 Spanish-language flyers were produced, and 7,500 have been distributed.

“Ask Here” Window Decal - H&K also designed and produced a self-adhesive, multilingual window decal with the phrase “Ask Here” written in all ten languages for EEs, participating providers, and CAA offices. Originally, 10,000 decals were produced. Due to demand, a reprint of 10,000 was ordered, and nearly 12,000 have been distributed.

The collateral marketing materials are eye-catching and informative, and orders for the free materials continue to be strong. In fact, requests for collateral materials have exceeded the current available inventory. In some cases, DHS has had to limit the number distributed and/or discontinue development of a particular item (i.e., buttons and mini-posters) due to budget limitations. This has been problematic for CBOs and EEs wanting large orders of collateral.

**Healthy Families Program and Medi-Cal for Children
Reference Manuals and Marketing Materials Order Form**

&

**Healthy Families Program
Multilingual Pre-enrollment Material**

Order Form for Reference Manuals and Marketing Materials

PLEASE PHOTOCOPY THIS FORM FIRST FOR FUTURE ORDERS.

These materials are available free of charge in limited quantities. Some materials may be discontinued without notice. Samples of materials shown on the reverse side of this form.

PANEL CARD (max qty. 150 each)

MINI-POSTER (max qty. 25 each)

Please indicate the quantities of each item you would like.

_____ Armenian
 _____ Cambodian
 _____ Chinese
 _____ English
 _____ Farsi
 _____ Hmong
 _____ Lao
 _____ Russian
 _____ Spanish
 _____ Vietnamese

"ASK HERE" DECAL

(fits easily to a window or door.)

Each decal features the phrase "Ask Here"

written in all 10 languages.

Quantity: _____ (max qty. 5)

TEAR-OFF DISPLAY UNIT

(For use on counter tops, office lobbies, etc.)

Cardboard Display _____ (max qty. 10)

Bilingual Pad (English/Spanish)

(100 sheets per pad) _____ (max qty. 20)

BLACK & WHITE READY-TO-COPY FLYER

Can be customized by adding your name, address and phone number. Photocopy the original for distribution to your clients.

English _____
Spanish _____

APPLICATION REFERENCE MANUAL (for "B level" training only)

English Reference Manual (max qty. 2) _____

Spanish Reference Manual (max qty. 2) _____



Mail or fax your order form to:

RHA, Inc.

Healthy Families and Medi-Cal for Children

1300 West Shaw Suite 1A, Fresno, CA 93711

Fax (209) 222-1371

Certified Assistant Helpline 1-888-237-6248

Please specify delivery address for requested materials:

Date

Organization Name / Individual Name

Business Address

City

Zip Code

Delivery Address (if different) P.O. Boxes will not be accepted

City

Zip Code

Name of Contact Person

Phone

Fax

Organization Category

Please indicate which category your organization represents and provide the information as requested.

☐ Enrollment Entity EE ID# (required)

☐ Certified Application Assistant CAA ID# (required)

☐ County Department Name

☐ School/School District Name

☐ Provider Name

☐ Internal Organization Name

☐ Other

Shipping Information

Standard Delivery: Please allow 4 to 5 working days for standard delivery of your order.

Special Delivery Request: Requested Method: _____

Delivery Account No.: _____

Healthy Families and Medi-Cal for Children Marketing Materials

MINI-POSTER (8.5" x 11")



Russian Sample



Spanish Sample

BLACK & WHITE READY-TO-COPY FLYER (8.5" x 11")



English Sample



Spanish Sample

"ASK HERE" DECAL (6" x 6")

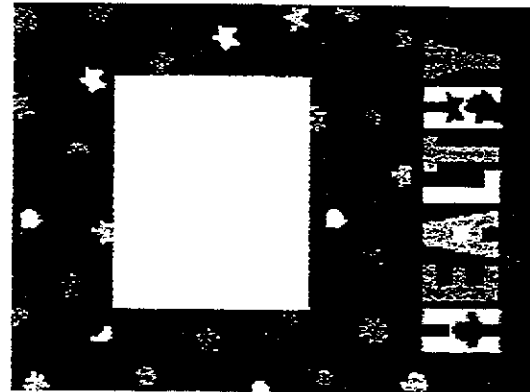


T-SHIRTS

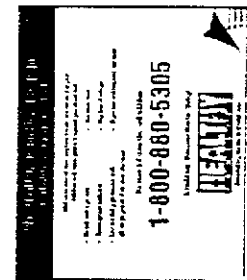
White, 100% cotton t-shirts available for purchase, with official color logo on the front, in any size and quantity direct from the authorized vendor.

To order, call:
Doug Fregotte at (323) 939-9333.

TEAR-OFF DISPLAY UNIT (8.5" x 11")



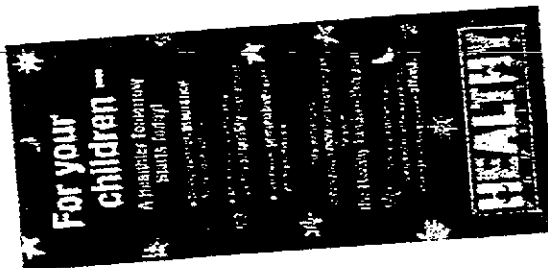
Cardboard Display



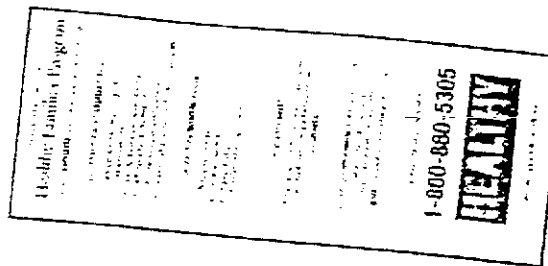
Bilingual Pad



PANEL CARD (4" x 9")



Front



Back



If your children are **uninsured**,
they now have an affordable healthcare option!

The State of California's Healthy Families Program is new and it's here to help you!

Healthy Families Benefits Include:

Doctor & Specialist visits
Hospital care
Prescription drugs

Emergency care
Mental health
Immunizations

Dental Exams & Cleaning
Eyeglasses
Fillings

It's easy to qualify for Healthy Families. Children under the age of 19 may be eligible if they do not have health insurance and if parents fall within income levels.

FAMILY SIZE (larger families also qualify)	GROSS MONTHLY INCOME (approximately)
2	\$906-1,809
3	\$1,139-2,275
4	\$1,372-2,742
5	\$1,606-3,209

Average Cost: \$4-27 month
(depending on income and family size)

Low Co-payments
(\$5 per visit for most services;
None for preventive services)

If your family income is below these levels you may be eligible **right now** for free health care through Medi-Cal. For more information call **1-888-747-1222**.

Don't delay! Enrollment for Healthy Families begins in Summer 1998.
We will send you an application in early June.

YES! IF IT LOOKS LIKE I QUALIFY, PLEASE SEND ME AN APPLICATION IN:

- | | | | | |
|----------------------------------|-------------------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Farsi | <input type="checkbox"/> Laotian | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Russian |

Name _____

Address _____ Apt# _____

City/State/Zip _____

Phone _____

Number of children ages 1-18 living in your home: _____

Do any of the children have health insurance today? Yes No

Approximate gross monthly income of the parents living in the home: \$ _____

Get a head start. Mail in this coupon to:



Healthy Families Program
P.O. Box 138005
Sacramento, CA 95813-8005

Or Call: 1-800-880-5305



(FAMILIAS SALUDABLES)

Si sus hijos **no** están asegurados,
¡ahora tienen una opción accesible de atención de la salud!

El programa **Healthy Families** del Estado de California es nuevo y ¡está aquí para ayudarle!

Los beneficios de Healthy Families incluyen:

Visitas a médicos y especialistas
Atención en hospitales
Medicinas con receta

Atención de emergencia
Salud mental
Vacunas

Exámenes y limpieza dental
Anteojos
Empastes

Es fácil calificar para Healthy Families. Los niños menores de 19 años pueden ser elegibles si no tienen seguro médico y si los padres cumplen con los requisitos de ingresos.



TAMAÑO DE LA FAMILIA
(las familias más grandes
también pueden calificar)

INGRESO MENSUAL BRUTO
(aproximadamente)

2	\$906-1,809
3	\$1,139-2,275
4	\$1,372-2,742
5	\$1,606-3,209

Costo promedio: \$4 a \$27 al mes
(dependiendo de los ingresos y tamaño de la familia)

Copagos bajos
(\$5 por visita para la mayoría de los servicios;
sin costo para los servicios preventivos)

Si los ingresos de su familia están por debajo de estos niveles, puede ser elegible **de inmediato** para atención médica gratuita a través de Medi-Cal.
Para mayor información, llame al 1-888-747-1222.

¡No pierda tiempo! La inscripción a Healthy Families comienza en julio de 1998.
Le enviaremos una solicitud a principios de junio.

¡SÍ! SI PIENSAN QUE PODRÍA CALIFICAR, POR FAVOR ENVÍENME UNA SOLICITUD EN:

☐ English ☐ Español (Spanish)

Name/Nombre _____

Address/Domicilio _____ Apt#/Nº de Apartamento _____

City, State, Zip/Ciudad, Estado, Código Postal _____

Phone/Teléfono _____

Número de hijos en su casa entre 1 y 18 años de edad: _____

¿Alguna de los hijos tiene seguro médico actualmente? ☐ Sí ☐ No

Ingreso mensual bruto aproximado de los padres que vivan en casa: \$ _____

No pierda la oportunidad y envíe este cupón por correo a:

Healthy Families Program

P.O. Box 138005

Sacramento, CA 95813-8005

O LLAME AL: 1-800-880-5305



**Healthy Families Program
Medi-Cal for Children**

**KEY MILESTONES
1997 - 1999**

1997

- August** - Legislative authority with \$9 million budgeted for Medi-Cal outreach to begin February 18, 1998.
- September** - MRMIB began public meetings for comments on HFP regulations prior to program implementation. Twelve meetings were held ending in February 1998.
- October** - Legislation was signed into law establishing the HFP and enhancements to Medi-Cal for children.
- November** - MRMIB appointed the HFP Advisory Board and conducted the first Advisory Panel meeting.
- DHS conducted public forums to receive input on the original HFP/MCC application.
- DHS released a RFP for the HFP/MCC Education and Outreach Campaign.

1998

- January** - MRMIB finalized and filed HFP regulations with the State Office of Administrative Law.
- Focus groups tested the original HFP/MCC application.
- February** - The procurement of the education and outreach campaign contract was completed and awarded to Runyon, Saltzman & Einhorn.
- Phase I of the HFP/MCC education and outreach campaign was initiated. MCC advertising was unveiled.
- DHS implemented a ten-language recorded message toll-free telephone line (1-888-747-1222) for the MCC campaign and pre-enrollment for the HFP.

- March**
- Changes to MCC were implemented:
 - the Property Disregard that allows children in low-income families to qualify for Medi-Cal without considering the family's resources; and
 - the acceleration of children ages 14 up to 19 years old into the 100 percent program.
- March - April**
- Statewide HFP/MCC introductory workshops were held as information/training classes with potential enrolled entities.
- April**
- The 1-888-747-1222 toll-free telephone line was upgraded to live operator assistance in ten languages.
 - The original, English-language application was translated into nine additional languages.
 - HFP/MCC Outreach and Education Campaign Committee was formed.
- May**
- DHS issued HFP/MCC implementation directives to all counties and county welfare directors.
 - Training of certified application assistants (CAAs) was initiated statewide.
 - MRMIB implemented a toll-free assistance line (1-800-880-5305) to assist HFP applicants in English and nine additional languages.
- June**
- Phase II of the education and outreach campaign was launched at a major press event in Los Angeles.
 - Collateral marketing materials were distributed to EEs and CAAs to publicize HFP and MCC.
- July**
- July 1, 1998 was the legislated effective date for HFP in California, and HFP pre-enrollment enrollees began receiving services.
 - HFP/MCC distributed the original, joint, mail-in application.
 - TV and radio ads were debuted and the first outdoor billboard ads were shown.
 - Sponsorships with Raley's/BelAir supermarkets were initiated (through September 1999).
 - The Bay Area Rapid Transit started posting HFP/MCC messages on San Francisco and Oakland transit station monitors for one year.
 - Spanish speaking MRMIB staff participated in a series of radio interviews beginning in July.

- HFP/MCC conducted a direct informational mailing to 7,000 principals and 1,058 county and district superintendents statewide for inclusion in back-to-school packets in partnership with the California Department of Education.
- The number of operators on the advertised toll-free line (1-888-747-1222) was increased from 12 to 30 to handle the high call volume.

August

- Five community press events were conducted during August and September to recognize successful local HFP enrollment efforts.
- The school education and outreach campaign was launched in Los Angeles County.
- The number of telephone lines on the advertised toll-free telephone number was increased from 24 to 48 to handle the high call volume.

September

- The fall outdoor ad campaign and ethnic print advertisements were launched.
- Outreach program improvements were announced.

October

- Southern California Edison distributed HFP/MCC informational inserts in their billing statements to 4.5 million southern California customers.
- Application revision efforts were initiated by DHS/MRMIB and a work group of advocates, providers, counties and CAAs.

November

- MRMIB provided technical assistance for Spanish PSAs produced and aired by Radio Bilingue.
- Application assistance fees increased to \$50.

December

- The toll-free operators (1-888-747-1222) initiated a call-back process to callers who requested an HFP/MCC application in October and November 1998.
- Radio Bilingue offered access to Spanish PSAs to CAAs for local customizing.

1999

January

- The Request for Application for small contracts with community based organizations for local outreach

was released.

- A HFP/MCC news article with a "New Year Resolutions" theme was released in English and Spanish to newspapers statewide.

February

- CAA trainings were held in Spanish.
- An opinion editorial was released by the Hispanic Dental Association to target the Latino population.
- The National Governors' Association launched nationwide outreach activities and a toll-free hot line (1-887-KIDS NOW) that is automatically linked to the HFP/MCC toll-free line (1-888-747-1222) to promote State Children's Health Insurance Program in support of states' programs.
- Focus group testing of the revised application was conducted.

March

- EE survey on outreach and application activities conducted.
- Release of the revised application in English and Spanish by DHS/MRMIB.
- CBO mini-contract award process begins.

April

- Projected start date for beginning the Request for Application Process for contracts with CBO for FY 1999/2000.

May

- Projected completion of the translation of the revised application into eleven languages, including Korean.

June

- The projected completion date for the State's CBO mini-contract activities is June 30, 1999.

WEBSITES WITH INFORMATION ON HEALTHY FAMILIES/MEDI-CAL FOR CHILDREN

Website Address	Host Organization	Description
http://www.healthyfamilies.ca.gov	Managed Risk Medical Insurance Board (MRMIB)	Website designated for the Healthy Families Program which provides: <ul style="list-style-type: none"> • General information and answers to frequently asked questions. • Downloads for application form, handbook and help information. • Online information on participating health plans and healthcare providers.
http://www.mrmib.ca.gov	MRMIB	Provides information and direct links to four health care programs under its administration: <ul style="list-style-type: none"> • Access for Infants and Mothers (AIM). • Health Insurance Plan of California (HIPC). • Major Risk Medical Insurance Program (MRMIP). • Healthy Families Program (HFP). Also, provides frequently updated HFP enrollment data and reports on the Healthy Families Program.
http://www.dhs.ca.gov	California Department of Health Services (DHS)	Direct link: http://www.dhs.ca.gov/director/healthy_families/index.html This web page provides details on: <ul style="list-style-type: none"> • Healthy Families Program Overview • State Plan • Outreach and Education Campaign • Managed Risk Medical Insurance Board
http://www.Medi-Cal.ca.gov	DHS	Provides information on Medi-Cal: <ul style="list-style-type: none"> • Provider Services. • Publications. • Electronic Data Interchange. • Related Sites (a link to the Healthy Families website)
http://www.insurekidsnow.gov	National Governors' Association (NGA)	X Advertises the NGA's AInsure Kids Now= 1-877-KIDS NOW (1-877-543-7669) hotline and related websites. X Provide hyperlinks to each state's health insurance coverage program for children in working families.

WEBSITES WITH INFORMATION ON

HEALTHY FAMILIES/MEDI-CAL FOR CHILDREN (Continued)

http://www.nga.org	NGA	<p>Provides direct link (http://www.nga.org/Center/Activities/SCHIP.asp) to the following documents which present concise reviews on various states= health care programs for children:</p> <p>X 1998 State Children=s Health Insurance Program Annual Report</p> <p>X NGA supplement to the 1998 SCHIP Annual Report</p>
---	-----	--

GLOSSARY OF TERMS

CAA	Certified Application Assistant
CBO	Community-Based Organization
CPS	Current Populaton Survey
DHS	Department of Health Services
EE	Enrolled Entity
EDS	Electronic Data Systems
FPL	Federal Poverty Level
FY	Fiscal Year
H & K	Hill & Knowlton (Subcontractor)
HCFA	Health Care Financing Administration
HFP	Healthy Families Program
INS	Immigration and Naturalization Service
ITP	Invitation to Participate
MCC	Medi-Cal for Children (federal poverty level programs)
MRMIB	Managed Risk Medical Insurance Board
NGA	National Governors' Association
PSA	Public Service Announcement
RFA	Request for Application
RHA	Richard Heath and Associates (Subcontractor)

GLOSSARY OF TERMS

RSE	Runyon, Saltzman & Einhorn (Prime Contractor)
SCHIP	State Children's Health Insurance Program